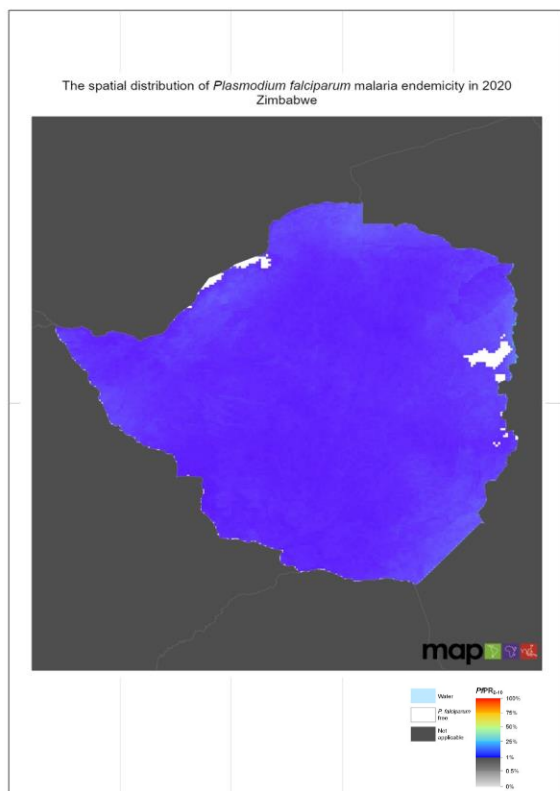


Zimbabwe ALMA Quarterly Report Quarter Two, 2024



Scorecard for Accountability and Action



Metrics

Financing		
IRS financing (2024-2026) (% of at-risk population)	100	
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)	100	
% of National Malaria Strategic Plan Financed (2024-2026)	40	
Policy		
Signed, ratified and deposited the AMA instrument at the AUC		
Malaria activities targeting refugees in Malaria Strategic Plan		
Malaria activities targeting IDPs in Malaria Strategic Plan		
Zero Malaria Starts With Me Launched		
End Malaria Council and Fund Launched		
Resistance Monitoring, Implementation and Impact		
Drug efficacy studies conducted since 2019 and data reported to WHO		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	3	
Insecticide resistance monitored since 2015 and data reported to WHO		
RDTs in stock (>6 months stock)		
ACTs in stock (>6 months stock)		
LLIN/IRS campaign on track		
% of vector control in the last year with next generation materials		
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)		
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)	8	
% of Neglected Tropical Disease MDAs Achieving WHO Targets	25	
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2023)	63	
Vitamin A Coverage 2022 (2 doses)	68	
DPT3 coverage 2023 (vaccination among 0-11 month olds)	90	

Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2022 was 141,076 and 177 deaths.

Key

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

Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$60 million.

Progress

Zimbabwe has secured the resources required for ACTs, RDTs, LLINs and IRS in 2024-26 but has significant shortfalls to fully implement the national strategic plan. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO, and has finalised the insecticide resistance monitoring and management plan. The country has reduced malaria incidence and deaths by more than 40% since 2015 and is on track to achieve the 2025 targets.

In line with the priority agenda of the ALMA chair, His Excellency President Umaram Sissoco Embaló, Zimbabwe has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Scorecard, but this is not yet shared on the ALMA Scorecard Hub. Zimbabwe is exploring whether to establish an End Malaria Council.

Impact

The annual reported number of malaria cases in 2022 was 141,076 and 177 deaths.

Key Challenges

- There is a need to strengthen cross border collaboration with neighbouring countries.
- Insufficient resources to fully implement the national strategic plan.

Previous Key Recommended Action

The country has responded positively to the recommended action addressing reporting drug resistance data to WHO and is working to implement this action.

Reproductive, Maternal, Newborn, Adolescent and Child Health

Progress

The country has achieved high coverage of DPT3. Zimbabwe has enhanced tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard. The country has achieved high coverage of DPT3.

Neglected Tropical Diseases





Progress

Progress in addressing Neglected Tropical Diseases (NTDs) in Zimbabwe is shown using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, schistosomiasis, soil transmitted helminths and trachoma. In 2022, preventive chemotherapy coverage was 39% for trachoma, 79% for schistosomiasis, 12% for soil-transmitted helminths and 0% lymphatic filariasis. Overall, the NTD preventive chemotherapy coverage index for Zimbabwe in 2022 is 8 which represent an increase compared with the 2021 index value (0). The country reached WHO MDA coverage target only for schistosomiasis.

Previous Key Recommended Action

The country has responded positively to the recommended action to work to implement preventive chemotherapy for lymphatic filariasis and improve preventive chemotherapy coverages for trachoma and soil-transmitted helminths and reach WHO targets.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due