National Malaria Elimination Strategic Plan 2017-2021

A strategy to move from accelerated burden reduction to malaria elimination in Zambia

MISSION

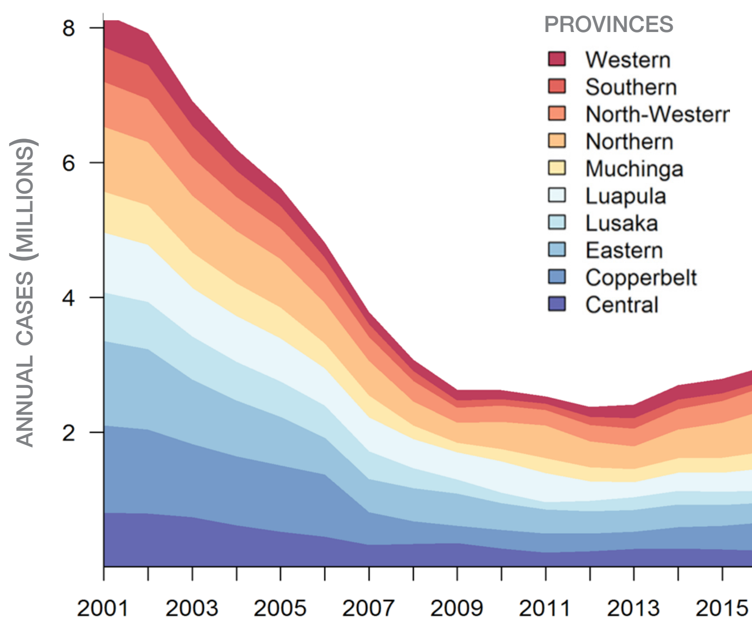
To provide equitable access to cost-effective, high-quality health services as close to the family as possible.

VISION

A malaria-free Zambia

GOALS

- To eliminate local malaria infection and disease in Zambia by 2021
- To maintain malaria-free status and prevent reintroduction and importation of malaria into areas where the disease has been eliminated.



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INTERVENTIONS

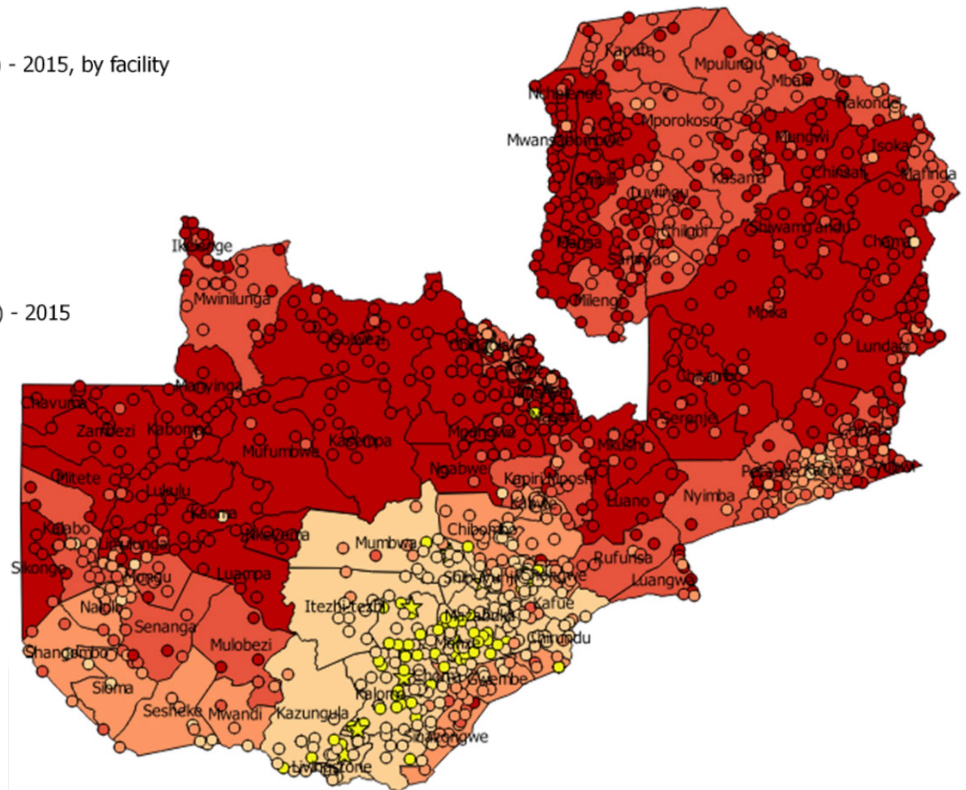
Key interventions and actions will include:

- **Surveillance:** Parasitological and entomological surveillance and potential use of molecular testing techniques for monitoring at clinic and community level.
- **Vector control:** Vector control at high coverage (100% IRS coverage of eligible structures or LLINs).
- **Enhanced vector control:** Introducing additional interventions where specifically appropriate (e.g., larviciding; baited traps; space spraying; etc.); vector surveillance (abundance, species, resistance) to direct updated action.
- **Facility based case management:** Malaria infection surveillance at health facility level, including diagnostic confirmations with RDTs and treatment, strengthened microscopy, and potentially more sensitive tools. Quality assurance of diagnosis and treatment, and supervision of community level case management (see below).
- **Community case management:** Extension of infection detection and case management into communities through community health worker outreach—including integrated community case management (ICCM).
- **Malaria case investigation and malaria foci investigation and transmission containment:** Extension of case surveillance at community level, including reporting of confirmed cases and investigation of households and local neighbourhoods; identification and detection of ongoing transmission foci and active clearance of local transmission.
- **Use of "malaria elimination accelerator strategies"—e.g., mass drug administration (MDA):** Time-limited and geographic targeted population-wide treatment in line the national treatment guidelines (80% coverage) to clear the infectious reservoir and prevent infection for a time interval; e.g., enhanced vector control strategy.
- **Chemoprophylaxis:** When level 0 is attained in all health facility catchment populations preventive chemoprophylaxis may be implemented as required depending on vulnerability.

NATIONAL STRATIFICATION

HMIS malaria OPD incidence (per 1000) - 2015, by facility
- 0 = Level 0
- 0-<1 = Level 1a
- 1-<5 = Level 1b
- 5-<50 = Level 1c
- 50-199 = Level 2
- 200-499 = Level 3
- 500+ = Level 4

HMIS malaria OPD incidence (per 1000) - 2015
- 0 = Level 0
- 0-<50 = Level 1
- 50-199 = Level 2
- 200-499 = Level 3
- 500+ = Level 4



	INTERVENTION PACKAGE/ACTIVITIES	ACCELERATOR
LEVEL 0 **0 cases*** No local transmission	**No malaria, maintenance of malaria-free zone** • High-quality surveillance and vigilance • Vector control and case management • Case investigation capacity maintained • Chemoprophylaxis	• **Not applicable**
LEVEL 1 **1–49 cases*** Typical range <1% parasite prevalence	**Very low malaria transmission** • High-quality surveillance • Vector control (possibly enhanced) • Community and facility-based case management • Case and foci investigation	• **Mass drug administration**
LEVEL 2 **50–199 cases*** 0.5%–<5% parasitic prevalence	**Low malaria transmission** • Build high-quality surveillance • Vector control (possibly enhanced) • Community and facility-based case management • Establish case and foci investigation capacity	• **Mass drug administration**
LEVEL 3 **200–499 cases*** 5%–<15% parasitic prevalence	**Moderate malaria transmission** • Improve quality surveillance • Vector control (possibly enhanced) • Facility-based case management; build community case management and outreach • Establish case and foci investigation capacity	• **Mass drug administration (may be considered for specific areas with case investigation capacity)** • **Enhanced vector control if relevant**
LEVEL 4 **>500 cases*** >15% parasitic prevalence	**High malaria transmission** • Build quality surveillance • Vector control to high coverage (100% coverage of IRS or sustained high coverage of LLINs) • Facility-based case management; begin to build community case management and outreach • Prepare for case and foci investigation capacity	• **Prepare for mass drug administration** • **Enhanced vector control if relevant**

**HMIS malaria incidence per 1000 population per year (2015)*