

ZAMBIA



The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity toward the long-term goal of elimination.

Country Context

Zambia, a lower middle income country with approximately 17 million people, boasts a stable government and corresponding political system. Effective health services, vital to the well-being of Zambian citizens and linked to critical development outcomes, are administered through the Ministry of Health and are offered at the community-level, health posts, health centers, and hospitals around the country. Malaria, the number one cause of hospitalization in Zambia, is also a major cause of morbidity and mortality, with pregnant women and young children at heightened risk. In 2016 there were over 4.8 million cases of malaria reported. Malaria occurs year-round, with the peak during the rainy season from November to April.

AT A GLANCE

Population (2017):
17.1 million¹

Population at risk of malaria (2016): **100%²**

Malaria incidence/1,000 population at risk (2015):
173.7³

Under-five mortality rate (2013):
75/1,000 live births⁴

1 World Bank, Population Estimates & Projections 2017
2 World Health Organization (WHO), World Malaria Report 2017
3 WHO, World Health Statistics 2017
4 Demographic and Health Survey (DHS) 2013–2014

In April 2017, Zambia launched its National Malaria Elimination Strategic Plan to guide the vision of a malaria-free Zambia through equitable access to quality-assured, cost-effective malaria prevention and control interventions. Although the four main malaria parasite species are present in Zambia, *Plasmodium falciparum* accounts for 98% of all infections. The updated strategic plan involves a two-pronged approach, targeting different areas based on transmission levels. For districts with more than 50 cases per 1,000 people, the focus is on reducing burden and health systems strengthening. In districts with fewer than 50 cases per 1,000 people, the key intervention focuses on surveillance.

In coordination with the MOH, the National Malaria Elimination Program and the Global Fund, PMI in Zambia reaches communities who are hardest hit by malaria by providing women, children and families with the tools they need to protect themselves, and providing them with the medicines they need if they do become infected.

Progress to Date







The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Zambia.

Zambia Malaria Indicators	PMI Baseline (MIS 2006*)	MIS 2008	MIS 2010	MIS 2012	DHS 2013–2014	MIS 2015
All-cause under-five mortality rate	168/1,000 (DHS 2001–2002)	119/1,000 (DHS 2007)	–	–	75/1,000	–
Proportion of households with at least one ITN	38%	62%	64%	68%	68%	77%
Proportion of children under five years old who slept under an ITN the previous night	24%	41%	50%	57%	41%	58%
Proportion of pregnant women who slept under an ITN the previous night	25%	43%	46%	58%	41%	58
Proportion of women who received two or more doses of IPTp during their last pregnancy in the last 2 years	57%	60%	69%	70%	73%	79%

* MIS - Malaria Indicator Survey

PMI Contributions Summary

Zambia is in its eleventh year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2017 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	900,000	10,740,243 ²
		ITNs distributed	1,090,570	8,849,888
		ITNs procured by other donors and distributed with PMI support	0	951,945
Indoor Residual Spraying		Houses sprayed	559,550	n/a ³
		Residents protected	2,626,718	n/a ³
Rapid Diagnostic Tests		RDTs procured	7,210,875	29,545,475 ⁴
		RDTs distributed	7,210,875	25,459,583
Artemisinin-based Combination Therapy		ACTs procured	9,451,080	28,425,270 ⁵
		ACTs distributed	9,451,080	28,072,825
Sulfadoxine-pyrimethamine		SP treatments procured	0	3,749,966
		SP treatments distributed	0	3,749,966
Health Workers		Health workers trained in treatment with ACTs	701	n/a ⁶
		Health workers trained in malaria laboratory diagnosis	858	n/a ⁶
		Health workers trained in IPTp	497	n/a ⁶

1 The data reported in this table are up-to-date as of September 30, 2017. Please refer to Appendix 2 of the [PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

2 Of this total, 600,000 ITNs were procured with PEPFAR funds. In addition to these ITNs procured with U.S. Government funds, PMI procured 1.7 million ITNs with donations from DFID in FY 2011, 2013, and 2014.

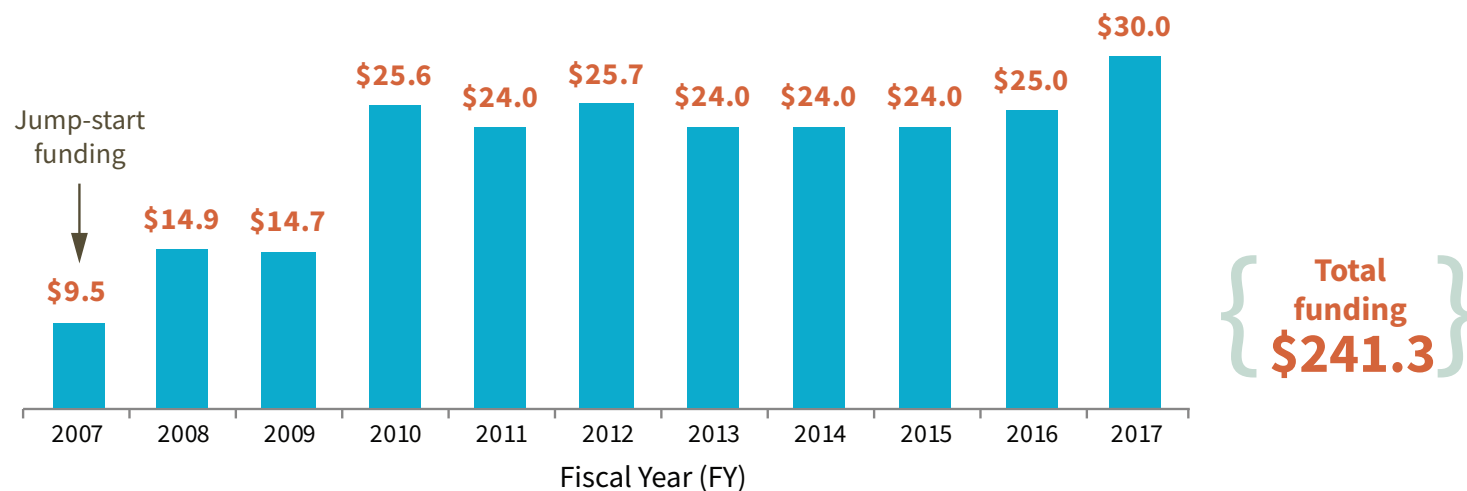
3 A cumulative count of the number of houses sprayed and residents protected is not provided since many areas were sprayed on more than one occasion.

4 In addition to these RDTs procured with U.S. Government funds, PMI procured 15.3 million RDTs with donations from DFID in FY 2011, 2013, 2014, 2015, and 2016.

5 In addition to these ACTs procured with U.S. Government funds, PMI procured 18.5 million ACTs with donations from DFID in FY 2010, 2011, 2012, 2013, 2014, and 2016.

6 A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2018 PMI activities in Zambia, please see the [Zambia Malaria Operational Plan](#).



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