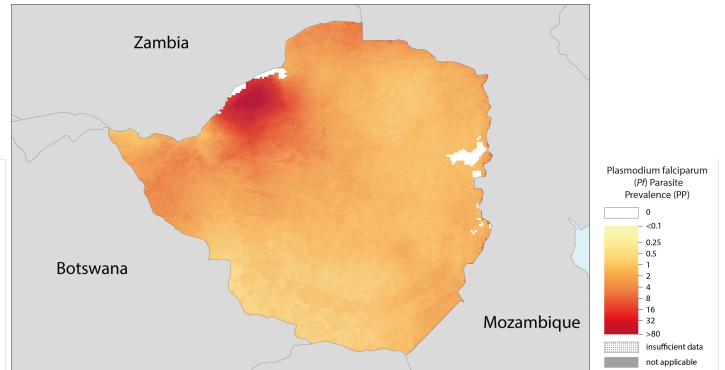
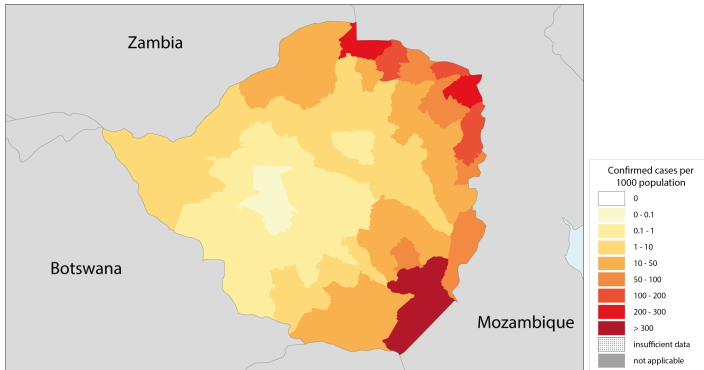


Zimbabwe

African Region



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	4.7M	29
Low transmission (0-1 case per 1000 population)	8.3M	50
Malaria free (0 cases)	3.5M	21
Total	16.5M	

Parasites and vectors			
Major plasmodium species:	P.falciparum: 100 (%) , P.vivax: 0 (%)		
Major anopheles species:	An. arabiensis, An. gambiae, An. funestus		
Reported confirmed cases (health facility):	315 624	Estimated cases:	1.2M [825.9K, 1.7M]
Confirmed cases at community level:	151 884		
Confirmed cases from private sector:	-		
Reported deaths:	527	Estimated deaths:	3.2K [93, 6.4K]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2009
	ITNs/LLINs distributed to all age groups	Yes	2009
IRS	IRS is recommended	Yes	1947
	DDT is used for IRS	Yes	2004
Larval control	Use of Larval Control	Yes	2012
IPT	IPT used to prevent malaria during pregnancy	Yes	1997
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2008
	Malaria diagnosis is free of charge in the public sector	Yes	2008
Treatment	ACT is free for all ages in public sector	Yes	2008
	The sale of oral artemisinin-based monotherapies (oAMTs)	has never been allowed	-
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for P. falciparum	Yes	2015
	Primaquine is used for radical treatment of P. vivax	Yes	2015
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	Yes	2015
	System for monitoring of adverse reaction to antimalarials exists	Yes	2009
	ACD for case investigation (reactive)	Yes	2012
	ACD at community level of febrile cases (pro-active)	Yes	2012
	Mass screening is undertaken	Yes	2012
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Case and foci investigation undertaken	Yes	2017
	Case reporting from private sector is mandatory	No	-

Antimalaria treatment policy					Medicine	Year adopted	
First-line treatment of unconfirmed malaria					AL	2004	
First-line treatment of <i>P. falciparum</i>					AL	2004	
For treatment failure of <i>P. falciparum</i>					QN	2004	
Treatment of severe malaria					QN	2004	
Treatment of <i>P. vivax</i>					-	-	
Dosage of primaquine for radical treatment of <i>P. vivax</i>							
Type of RDT used					Pf + all species (Combo)		
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2010-2014	0	2.55	9.1	28 days	14	<i>P. falciparum</i>
Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)							
Insecticide class	Years	(%) sites ¹	Vectors ²	Used ³			
Carbamates	2012-2017	18.75% (32)	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l.	No			
Organochlorines	2011-2017	14.71% (34)	<i>An. gambiae</i> s.l.	Yes			
Organophosphates	2012-2017	6.45% (31)	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l.	Yes			
Pyrethroids	2011-2017	38.46% (39)	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l.	Yes			

¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)

²Principal vectors that exhibited resistance

³Class used for malaria vector control in 2017

¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)

²Principal vectors that exhibited resistance

³Class used for malaria vector control in 2017