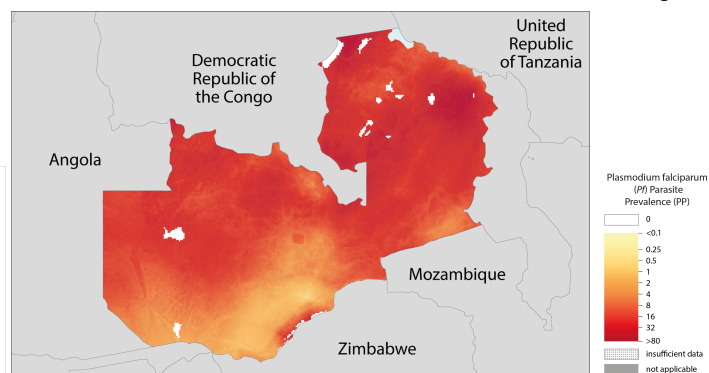
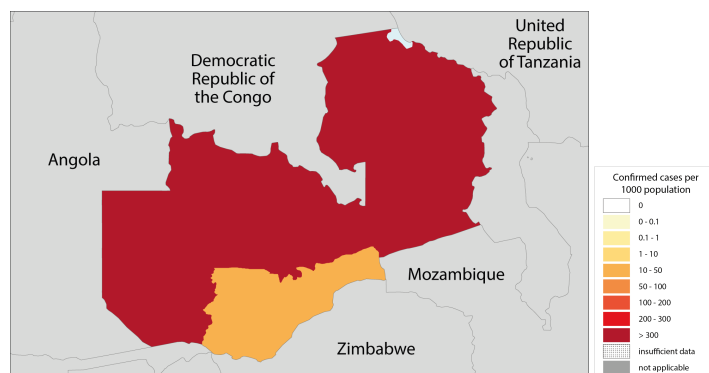


Zambia

African Region



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	17.1M	100
Low transmission (0-1 case per 1000 population)	0	-
Malaria free (0 cases)	0	-
Total	17.1M	

Parasites and vectors			
Major Plasmodium species:	P.falciparum: 100 (%) , P.vivax: 0 (%)		
Major anopheles species:	<i>An. gambiae</i> , <i>An. funestus</i> , <i>An. arabiensis</i>		
Reported confirmed cases (health facility):	5 505 639	Estimated cases:	3.5M [2.5M, 4.9M]
Confirmed cases at community level:	593 271		
Confirmed cases from private sector:	-		
Reported deaths:	1425	Estimated deaths:	7.6K [6.6K, 8.6K]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITNs/LLINs distributed to all age groups	Yes	1998
IRS	IRS is recommended	Yes	1964
	DDT is used for IRS	Yes	2001
Larval control	Use of Larval Control	No	
IPT	IPT used to prevent malaria during pregnancy	Yes	2001
Diagnosis	Patients of all ages should receive diagnostic test	Yes	2001
	Malaria diagnosis is free of charge in the public sector	Yes	2000
Treatment	ACT is free for all ages in public sector	Yes	2003
	The sale of oral artemisinin-based monotherapies (oAMTs)	is banned	2003
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reaction to antimalarials exists	Yes	2006
	ACD for case investigation (reactive)	Yes	2011
	ACD at community level of febrile cases (pro-active)	Yes	2011
	Mass screening is undertaken	No	-
Surveillance	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case and foci investigation undertaken	No	-
	Case reporting from private sector is mandatory	No	-

Antimalaria treatment policy						Medicine	Year adopted
First-line treatment of unconfirmed malaria						AL	2002
First-line treatment of <i>P. falciparum</i>						AL	2002
For treatment failure of <i>P. falciparum</i>						QN	2002
Treatment of severe malaria						AS; AM; QN	2002
Treatment of <i>P. vivax</i>						-	-
Dosage of primaquine for radical treatment of <i>P. vivax</i>							
Type of RDT used							-
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2012-2016	0	0	0	28 days	6	<i>P. falciparum</i>
DHA-PPO	2016-2016	0	0	0	28 days	3	<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	2011-2017	59.3% (86)	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l.		No
Organochlorines	2010-2017	42.47% (73)	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l., <i>An. gambiae</i> s.s.		No
Organophosphates	2011-2017	2.78% (72)	<i>An. funestus</i> s.l.		Yes
Pyrethroids	2011-2017	82.08% (106)	<i>An. funestus</i> s.l., <i>An. gambiae</i> s.l., <i>An. gambiae</i> s.s.		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