Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2013 was 422,633 with 352 deaths.
Progress
Zimbabwe has banned oral artemisinin-based monotherapies and has introduced a policy on Community Case Management of malaria. The country has the resources required for ACTs, RDTs, LLINs and IRS in 2015 and has achieved good coverage of vector control. Zimbabwe has achieved high coverage of the tracer MNCH interventions PMTCT, skilled birth attendants, postnatal care and, exclusive breastfeeding and has recently increased coverage of DPT3. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact
The annual reported number of malaria cases in 2013 was 422,633 with 352 deaths. WHO projects that the country is on track to reduce malaria burden by 50 – 75% by 2015 compared to 2000.

Key Challenges
- Increases in malaria cases reported in 2014.
- Insecticide resistance threatened vector control effectiveness.

Previous Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimise quality of care</td>
<td>Investigate reasons for the increasing number of malaria cases in 2014</td>
<td>Q4 2015</td>
<td></td>
<td>High rainfall in 2014 is thought to have contributed to the 2014 upsurge in cases, possibly exacerbated by cross border movements</td>
</tr>
</tbody>
</table>

Key
- Action achieved
- Some progress
- No progress
- Deliverable not yet due