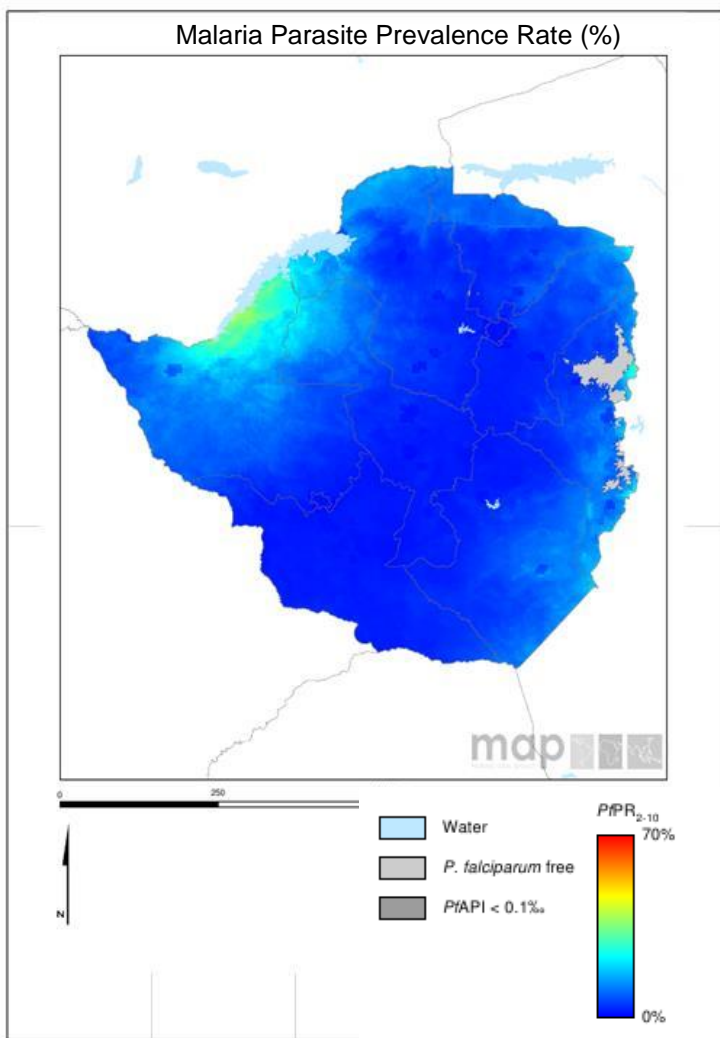


Scorecard for Accountability and Action

Metrics



Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2012 was 276,963 with 351 deaths.

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2014)		
Community case management (Pneumonia)		
Community case management (Malaria)		
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)		2.2
Commodities Financed, Implementation and Malaria Impact		
IRS financing 2014 (% of at-risk population)		100
Public sector RDT financing 2014 projection (% of need)		100
Public sector ACT financing 2014 projection (% of need)		100
IRS Operational Coverage (%)		91
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)		78
% deliveries assisted by skilled birth attendant		66
Exclusive breastfeeding (% children < 6 months)		31
Vitamin A Coverage 2012 (2 doses)		61
DPT3 coverage 2012 (vaccination among 12-23 month olds)		89
Postnatal care (within 48 hrs)		27

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data/Not applicable

Progress

Zimbabwe has made steady progress in scaling-up malaria control interventions and has been successful in attracting resources through the Global Fund. Zimbabwe has banned oral artemisinin-based monotherapies. The country has introduced a policy on Community Case Management of malaria. The country has the resources required for ACTs, RDTs, LLINs, and IRS in 2014 and has achieved good coverage of vector control. Zimbabwe has achieved high coverage of the tracer MNCH interventions PMTCT and 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 2012 was 276,963 with 351 deaths.

Key Challenge

- Delays and under-reporting of malaria cases and deaths from the National Health Information System to WHO, leading to inconsistent reporting on malaria mortality data.