Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2014 was 535,983 with 406 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 high coverage of vector control.

Zimbabwe has also achieved high coverage of the tracer MNCH interventions PMTCT, skilled birth attendants, postnatal care 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 reported number of malaria cases in 2014 increased to 535,983 compared with 422,633 in 2013 and the reported malaria deaths increased to 406 in 2014 compared to 352 in 2013. However, overall since 2000, cases have reduced from the 1,494,518 cases and 1,916 deaths recorded in 2005. 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 and deaths reported in 2014.
- Insecticide resistance threatened vector control effectiveness.

Previous Recommended Actions
The country has responded positively to investigating reasons for the increasing number of malaria cases in 2014.

Zimbabwe has improved on ruled-based governance, quality of budgetary and financial management, efficiency of revenue mobilisation, quality of public administration and transparency and accountability in the public sector in 2014 compared to 2013.

New Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
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<tr>
<td>MNCH(^1): Optimise quality of care</td>
<td>Identify and address reasons for decreasing vitamin A coverage</td>
<td>Q4 2016</td>
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\(^1\) MNCH metrics, recommended actions and response tracked through WHO MCA/iERG