Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2015 was 391,651 with 200 deaths.
Malaria
Global Fund Update
The Global Fund has announced that Zimbabwe will receive US$ 484 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. The Global Fund has determined the total allocation amount based on Zimbabwe’s disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Zimbabwe this is calculated at US$ 53.7 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Zimbabwe is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, at a level that is sufficient to sustain the gains made in recent years.

Progress
Zimbabwe has secured the resources required for ACTs, RDTs, LLINs and IRS in 2016 and has achieved high coverage of vector control. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO. Zimbabwe has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard.

Impact
The annual reported number of malaria cases in 2015 was 391,651 with 200 deaths. WHO estimates that the country has achieved a change of less than 20% in the malaria incidence rate and malaria mortality rate for the period 2010 - 2015.

Key Challenge
• There is a need to strengthen cross border collaboration with neighbouring countries.

New Key Recommended Actions
<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>Ensure the GF malaria funding application is submitted by Q2 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years</td>
<td>Q2 2017</td>
</tr>
</tbody>
</table>
**MNCH**

**Progress**

Zimbabwe has achieved high coverage of the tracer MNCH interventions skilled birth attendants, DPT3 and ART coverage in both the total population and children. Zimbabwe has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

### Previous Key Recommended Actions

<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>MNCH(^1): Optimize quality of care</td>
<td>Investigate and address the reasons for the decreasing coverage of postnatal care</td>
<td>Q2 2017</td>
<td><img src="green.png" alt="Green" /></td>
<td>The country has distributed postnatal care guidelines to health facilities and oriented staff. Zimbabwe reports that coverage of PNC has increased to 65%</td>
</tr>
</tbody>
</table>

Zimbabwe has responded positively to the MNCH recommended actions addressing low coverage of vitamin A and continues to track progress as this action is implemented.

### Key

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

---

\(^1\) MNCH metrics, recommended actions and response tracked through WHO MCA