Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2018 was 184,427 and 192 deaths.
Malaria
Sustaining Essential Health Services During the COVID-19 Pandemic

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden of COVID-19. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women (intermittent preventive treatment in pregnancy). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Zimbabwe, it was of vital importance that the indoor residual spraying (IRS) campaign planned for the fourth quarter of 2020 went ahead and that the insecticides for the campaign are ordered on time, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO. The country is congratulated for ensuring that the IRS campaign rolled out as planned. Without this IRS, coupled with the ongoing long-lasting insecticidal net (LLIN) distributions and the need to sustain essential health services including malaria case management, there could have been an increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 23.2% increase in malaria cases, and a 111.4% increase in malaria deaths in Zimbabwe. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Progress
Zimbabwe has secured the resources required for ACTs, RDTs, LLINs and IRS in 2020 and has achieved high coverage of vector control. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO, and has finalised the insecticide resistance monitoring and management plan. Zimbabwe has sufficient stocks of RDTs, and 6 months supply of ACTs. Zimbabwe has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard. The country has significantly reduced malaria cases and seaths since 2015.

Impact
The annual reported number of malaria cases in 2018 was 184,427 and 192 deaths.

Key Challenges
- There is a need to strengthen cross border collaboration with neighbouring countries.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.
The country has responded to the recommended action to ensure that the recent cyclone does not impact negatively on the malaria situation and successfully mobilized emergency funds to cover the costs of additional malaria commodities and operations and has not experienced any major upsurge.

**RMNCAH and NTDs**

**Progress**

Zimbabwe achieved high coverage of the tracer RMNCAH intervention skilled birth attendants and ARTs in the total population. Zimbabwe has enhanced tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Zimbabwe is shown using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage is low for trachoma (23%) and the country did not implement preventive chemotherapy for schistosomiasis, soil-transmitted helminths and lymphatic filariasis. Overall, the NTD preventive chemotherapy coverage index for Zimbabwe in 2018 is 0, which represents a decrease compared with the 2017 index value (12).

**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>RMNCAH1: Impact</td>
<td>Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities</td>
<td>Q4 2020</td>
<td></td>
<td>Deliverable not yet due</td>
</tr>
</tbody>
</table>

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1 RMNCAH metrics, recommended actions and response tracked through WHO
Key
- Green: Action achieved
- Yellow: Some progress
- Red: No progress
- Gray: Deliverable not yet due