Malaria transmission is seasonal in Zimbabwe with about 60% of the population at risk. The annual reported number of malaria cases in 2019 was 316,934 and 532 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, Neglected Tropical Diseases and malaria.

For Zimbabwe, it was of vital importance that the indoor residual spraying (IRS) campaign planned for the fourth quarter of 2021 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.

It is essential to ensure the continuity of malaria, RMNCAH and NTD services in 2021 as the COVID-19 pandemic continues to impact our continent. This may include the implementation of any necessary catch-up activities and ensuring timely planning to account for potential delays in procurement and delivery. Any intervention must ensure the safety of communities and health workers given the ease of transmission of COVID-19.

Progress
Zimbabwe secured the resources required for ACTs, RDTs, LLINs and IRS in 2021 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.

In line with the legacy agenda of the ALMA chair, His Excellency President Uhuru Kenyatta, Zimbabwe has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Scorecard, but this is not yet shared on the ALMA Scorecard Knowledge Hub. Zimbabwe is exploring whether to establish an End Malaria Council.

Impact
The annual reported number of malaria cases in 2019 was 316,934 and 532 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, malaria and Neglected Tropical Diseases.
**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>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
<td></td>
<td>Despite the COVID-19 pandemic, the country continues to report no stock outs of ACTs and RDTs. The procurement of malaria commodities, especially insecticides, was completed and initial consignments are expected in the country in September</td>
</tr>
</tbody>
</table>

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.

**New Key Recommended Action**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vector Control</td>
<td>Ensure the IRS commodities are procured in time for the 2021 IRS campaigns</td>
<td>Q3 2021</td>
</tr>
</tbody>
</table>

**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 (36%), very low for schistosomiasis (0%), for soil-transmitted helminths (0%) and for lymphatic filariasis (0%). Overall, the NTD preventive chemotherapy coverage index for Zimbabwe in 2019 is 0, with no change compared with the 2018 index value (0).
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>RMNCAH(^1): 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>The country is working to sustain delivery of essential RMNCAH interventions. This includes increasing the availability of PPE to health care workers. Information is being disseminated on the availability of RMNCAH and nutrition services to the public through electronic (including social media) and print media. Health workers have been trained on IPC in the context of COVID-19 and guidelines on providing essential RMNCAH&amp;N services in the context of COVID 19 have been developed and are being implemented.</td>
<td></td>
</tr>
<tr>
<td>NTDs</td>
<td>Implement preventive chemotherapy for lymphatic filariasis, schistosomiasis, soil transmitted helminths and work to increase preventive chemotherapy for trachoma and reach WHO targets. Ensure that NTD interventions including Mass Drug Administration, vector control and Morbidity Management and Disability Prevention are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic. This includes prioritising key necessary catch up activities</td>
<td>Q4 2021</td>
<td>Due to the high number of COVID-19 cases, the 2020 MDA for Trachoma was postponed and only one district implemented trachoma MDA in December 2020. Zimbabwe is implementing NTD control and elimination interventions by respecting COVID-19 preventive measures. In 2021, most of the NTD interventions focussed on trachoma. This includes: conducting surgeries in 4 districts, documenting the trachoma success story in two districts which have reached transition phase, carrying out the trachoma survey in 15 districts targeted for trachoma impact, 9 for the trachoma baseline survey and 1 for the trachoma trichiasis survey. Due to the lockdown, Lymphatic Filariasis Confirmatory mapping was postponed but training of participating cadres was conducted at national level. Zimbabwe is working on a WASH and NTDs landscape analysis and on integrating WASH programmes. The country is working on integration of NTD data and is creating a database that will integrate and monitor all NTD activities and data. The program is mobilizing funds for technical and financial support to conduct urgently LF MDA. Due to an increase in COVID-19 cases, the trachoma MDA could not be implemented but the country had some trachoma medicines with an expiry date of June 2021 and these were used successfully before the expiry date by conducting community targeted trachoma MDA in Lupane. The district will implement the full MDA once schools are opened as a strategy to increase coverage. The country has also started developing the dossier for the elimination of trachoma.</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) RMNCAH metrics, recommended actions and response tracked through WHO
Key
- Action achieved
- Some progress
- No progress
- Deliverable not yet due