

Country Profile | President's Malaria Initiative (PMI)

ZAMBIA

April 2009



At a Glance: Zambia

Population - 2009: 11.8 million¹

Life expectancy at birth - 2009:
38 years (male), 39 years (female)¹

Population at risk of malaria - 2006:
100%²

Under-5 mortality rate - 2007:
170/1,000 live births, or approximately
1 in 6 children³

¹ US Census Bureau, International Data Base 2009

² WHO World Malaria Report 2008

³ UNICEF State of the World's Children 2009

Background

Malaria is a major cause of morbidity and mortality in Zambia. According to reports from the Ministry of Health (MOH), there were approximately 4.3 million clinically diagnosed cases of malaria in Zambia in 2007. During the last three to four years, Zambia has made significant progress in the fight against malaria with nationwide scale-up of malaria control interventions.

Zambia is one of 15 countries benefiting from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID) and implemented together with the Centers for Disease Control and Prevention (CDC).

Goal

The goal of PMI is to reduce malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women and children under five years of age – with lifesaving prevention and treatment measures.

PMI coordinates with National Malaria Control Programs (NMCPs) and international partners, including the World Health Organization (WHO); the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In support of Zambia's NMCP, PMI backs four key intervention strategies to prevent and treat malaria:

- Insecticide-treated mosquito nets (ITNs)
- Indoor residual spraying with insecticides (IRS)
- Intermittent preventive treatment for pregnant women (IPTp)
- Diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT)

Results to Date

Zambia is in its second year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations.

Nationwide Malaria Indicator Surveys conducted in 2006 and 2008 show that malaria control efforts are having a dramatic impact on the prevalence of malaria and anemia in Zambia. Over this three-year period, the prevalence of malaria fell by 53 percent, and the prevalence of severe anemia in children under five years of age, which is closely associated with malaria, fell by 68 percent. In addition, a 2007 nationwide survey showed a 29 percent reduction in all-cause mortality in children under five, to which malaria is a major contributor.

Insecticide-treated mosquito nets: Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, last up to three years, and do not need re-treatment with insecticide. Zambia has a multipronged approach to ITN distribution, which includes campaigns, antenatal clinics (ANCs), an equity program to provide free ITNs to people living with HIV/AIDS and the poorest of the poor, and the sale of ITNs through the commercial sector. Since PMI began work in Zambia, PMI has procured more than 994,000 long-lasting ITNs, of which more than 736,000 have been distributed as part of a national campaign, a campaign in North Western Province, and through ANCs.

Indoor residual spraying: IRS involves the coordinated, timely spraying of the inside walls of homes with insecticides. Mosquitoes are killed when they land on these sprayed walls and pick up the residual insecticide. The national strategy is to prioritize IRS to urban and peri-urban areas in 36 of the country's 72 districts. Since Zambia became a focus country, PMI supported the national IRS program by spraying more than 657,000 houses in 2007 and more than 762,000 houses in 2008. These activities protected 3.6 million and 4.2 million people during 2007 and 2008, respectively.

Malaria in pregnancy: Pregnant women are particularly vulnerable to malaria, since pregnancy reduces a woman's immunity to malaria. Unborn children also suffer the consequences of maternal malaria infections, which can result in low birthweight and a higher risk of death early in infancy. With PMI support, expectant mothers receive malaria treatments given at regular intervals during pregnancy through antenatal care services. IPTp was introduced as policy in Zambia in 2003 and became standard practice in 2004. In 2008, PMI conducted an assessment in two provinces to determine how best to improve uptake of IPTp and is currently working with the Zambian MOH to address barriers to achieving improved coverage with IPTp.

Diagnosis and treatment: ACTs are highly effective against malaria parasites and have few or no side effects. With the reductions in malaria transmission, Zambia is transitioning from malaria diagnosis based largely on clinical symptoms to laboratory confirmation with microscopy or a rapid diagnostic test (RDT). PMI has been working closely with Zambian authorities to expand the availability and improve the quality of malaria diagnostic services. PMI has procured 1,639,000 RDTs, of which 979,000 have been distributed to health facilities. PMI has also purchased 253,800 ACT treatments that have arrived in country, and supported training for 186 health workers in case management with ACTs.

PMI Funding

For fiscal year 2009, PMI allocated \$14.7 million in funding for malaria prevention and treatment in Zambia. Of this amount, 24 percent will support procurement and distribution of ITNs, 21 percent procurement of ACTs and improved case management, 37 percent IRS, and 6 percent malaria in pregnancy activities. More than 2 percent will support monitoring and evaluation. Approximately 45 percent of the total budget will be spent on commodities.

	FY 2007 Jump start funds	FY 2008	FY 2009
Budget	\$9.5 million	\$14.8 million	\$14.7 million

For details on 2009 PMI activities in Zambia, please see the Malaria Operational Plan at http://www.pmi.gov/countries/mops/zambia_mop-fy09.pdf.