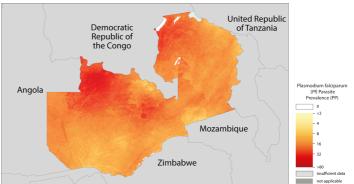
Zambia African Region



I. Epidemiological profile

Population (UN Population Division)	2023 %	Parasites and vectors	
High transmission (>1 case per 1000 population)	20.7M 100	Major plasmodium species (indigenous	cases):
Low transmission (0-1 case per 1000 population)	-	Major anopheles species:	An. fund
Malaria free (0 cases)	=	includes mixed infections and other s	necies of Plasmodium
Total	20.7M	metades mixed infections and other sp	secies of Flasinourum
Reported cases and deaths		Estimates	
Presumed and confirmed cases	8 470 695	Estimated cases:	
Total confirmed cases:	8 318 536	Estimated deaths:	
Confirmed cases from public sector:	4 444 197		
Confirmed cases from private sector:	2		
Confirmed cases at community level:	3 874 337		
Confirmed cases in combined health sectors:	-		
Reported deaths:	1616		

II. Intervention policies and strategies

Intervention	Policies/Strategies		Year
		No	adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2000
	ITN distributed by mass campaign	Yes	2000
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes*	2012
IPT	IPT used to prevent malaria during pregnancy	Yes	2000
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes	2003
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	2001
	Malaria diagnosis is free in the private sector	Yes	2001
Treatment	ACT is free for all ages in public sector	Yes	2003
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2017
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of P. vivax	NA	-
	G6PD test is a requirement before treatment with primaquine	NA	-
	Directly observed treatment with primaquine is undertaken	NA	-
	System for monitoring of adverse reaction to antimalarials exists	Yes	2006
Surveillance	Malaria is a notifiable disease	Disc	-
	ACD for case investigation (reactive)	Yes	2011
	ACD at community level of febrile cases (pro-active)	No	-
	Mass screening is undertaken	Yes	2015
	Uncomplicated P. falciparum cases routinely admitted	No	-
	Uncomplicated P. vivax cases routinely admitted	No	-
	Case investigation undertaken	No	-
	Foci investigation undertaken	No	-
	Case reporting from private sector is mandatory	No	_

Yes* = Policy adopted, but not implemented in 2023
Disc = Discontinued
Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

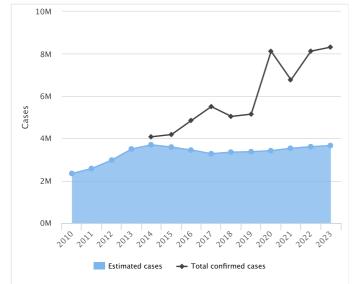
Antimalaria	treatment pol	icy				Medicine	Year adopted	
First-line treatment of unconfirmed malaria						AL	2003	
First-line treatment of <i>P. falciparum</i>						AL	2003	
Second-line treatment <i>P. falciparum</i>						NA	-	
Treatment of severe malaria						AS	2017	
Treatment of	of <i>P. vivax</i>					NA	-	
Dosage of p	orimaquine for	radical tr	eatment	of <i>P. v.</i>	ivax	0.3	0.25 mg/Kg (14 days)	
Type of RDT	Γused (public)						P.f only	
Therapeutic	efficacy tests	(clinical a	nd para	sitologi	ical failure, %)			
Medicine	Year	Min N			Follow-up	No. of studies	Species	
AL	2016-2016	0	0	0	28 days	3	P. falciparum	
AS-AQ	2016-2016	0	0	0	28 days	3	P. falciparum	
DHA-PPQ	2016-2016	0	0	0	42 days	2	P. falciparum	
Resistance s	status by insec	ticide cla	ss (2018	-2023)	and use of cla	ss for malaria vecto	or control (2023)	
Insecticide class		(%) sites ¹		Vectors ²			Used ³	
Carbamates		25% (2/	8)	An. fu	nestus s.l.		No	
NEONIC							Yes	
Organophosphates 0% (0/7))				No		
Pyrethroids		73% (8/	11)	An. funestus s.l., An. gambiae s.l.		Yes		
² Vectors repor	tes for which resis rted to exhibit res ed as used for mal	istance to i	nsecticide	class		at reported data	evious year were used)	



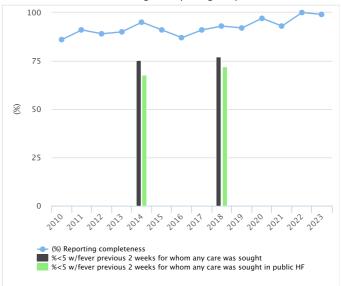
P. falciparum: 100 (%)*, P. vivax: 0 (%) An. funestus s.l., An. gambiae s.s., An. arabiensis

3.7M [2.3M, 5.6M] 8.5K [7.6K, 10.1K]

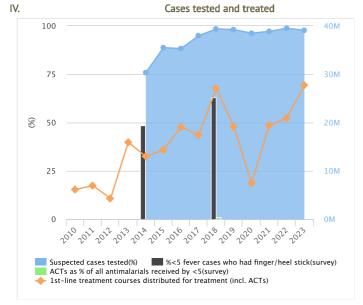


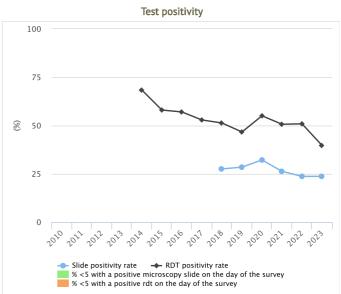


Treatment seeking and reporting completeness



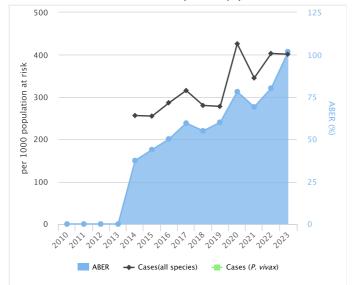
Source: DHS 2014,2018



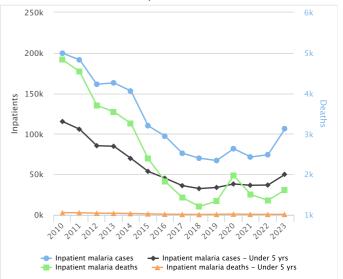


Source: DHS 2014,2018

Confirmed malaria cases per 1000 population at risk and ABER



Malaria inpatients and deaths

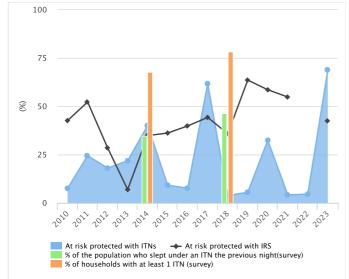


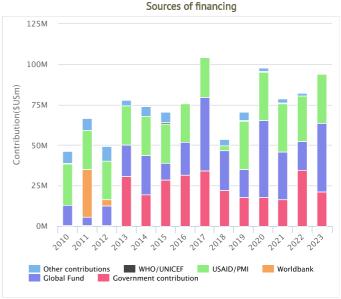
ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

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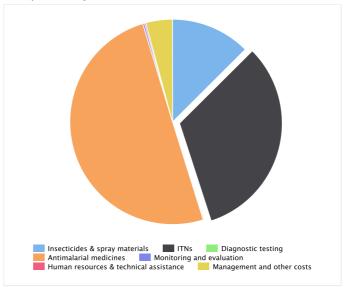




Source: DHS 2014,2018

VI.

Government expenditure by intervention in 2023



(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on data validated by the countries as of 14 November 2024.

Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided majorage-april/2018-erg-report-malaria-burden-session6.pdf (who.int)