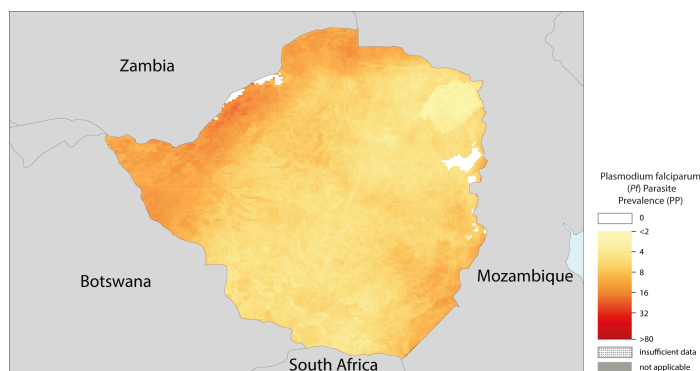


Zimbabwe

African Region



I. Epidemiological profile

| | | | |
|---|---------|----|---|
| Population (UN Population Division) | 2023 | % | Parasites and vectors |
| High transmission (>1 case per 1000 population) | 4.7M | 29 | Major plasmodium species (indigenous cases): <i>P. falciparum</i> : 100 (%)*, <i>P. vivax</i> : 0 (%) |
| Low transmission (0-1 case per 1000 population) | 8.2M | 50 | Major anopheles species: <i>An. arabiensis</i> , <i>An. gambiae s.s.</i> , <i>An. funestus s.s.</i> |
| Malaria free (0 cases) | 3.5M | 21 | *includes mixed infections and other species of Plasmodium |
| Total | 16.3M | | |
| Reported cases and deaths | | | Estimates |
| Presumed and confirmed cases | 248 699 | | Estimated cases: 635.6K [381.2K, 913.7K] |
| Reported indigenous confirmed cases: | 246 154 | | Estimated deaths: 1.6K [601, 3.1K] |
| Confirmed cases from public sector: | 100 380 | | |
| Confirmed cases from private sector: | 3030 | | |
| Confirmed cases at community level: | 145 289 | | |
| Confirmed cases in combined health sectors: | - | | |
| Indigenous deaths: | 317 | | |

II. Intervention policies and strategies

| Intervention | Policies/Strategies | Yes/ No | Year adopted | Medicine | Year adopted |
|------------------------------|---|------------|-----------------|-----------------------------------|----------------------|
| Antimalaria treatment policy | | | | | |
| ITN | ITNs/LLINs distributed free of charge | Yes | 2006 | NA | - |
| | ITN distributed by mass campaign | Yes | 2010 | AL | 2004 |
| IRS | IRS is recommended | Yes | - | AS+AQ | 2015 |
| | DDT is used for IRS | Yes | 1974 | AS | 2012 |
| Larval control | Use of Larval Control | Yes | 2012 | NA | - |
| IPT | IPT used to prevent malaria during pregnancy | Yes | 2004 | | 0.25 mg/Kg (14 days) |
| Diagnosis | Malaria diagnosis using RDT is free of charge in the public sector | Yes | 2009 | Type of RDT used (public) Pf only | |
| | Malaria diagnosis using microscopy is free of charge in the public sector | Yes | 2009 | | |
| | Malaria diagnosis is free in the private sector | No | - | | |
| Treatment | ACT is free for all ages in public sector | Yes | 2008 | | |
| | The sale of oral artemisinin-based monotherapies (oAMTs) | banned | 2004 | | |
| | Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i> | Yes* | 2015 | | |
| | Primaquine is used for radical treatment of <i>P. vivax</i> | NA | - | | |
| | G6PD test is a requirement before treatment with primaquine | NA | - | | |
| | Directly observed treatment with primaquine is undertaken | NA | - | | |
| Surveillance | System for monitoring of adverse reaction to antimalarials exists | Yes | 2010 | | |
| | Malaria is a notifiable disease | Yes | 2012 | | |
| | ACD for case investigation (reactive) | Yes* | - | | |
| | ACD at community level of febrile cases (pro-active) | No | - | | |
| | Mass screening is undertaken | No | - | | |
| | Uncomplicated <i>P. falciparum</i> cases routinely admitted | No | - | | |
| | Uncomplicated <i>P. vivax</i> cases routinely admitted | No | - | | |
| | Case investigation undertaken | Yes | 2012 | | |
| | Foci investigation undertaken | Yes | 2017 | | |
| | Case reporting from private sector is mandatory | No | - | | |

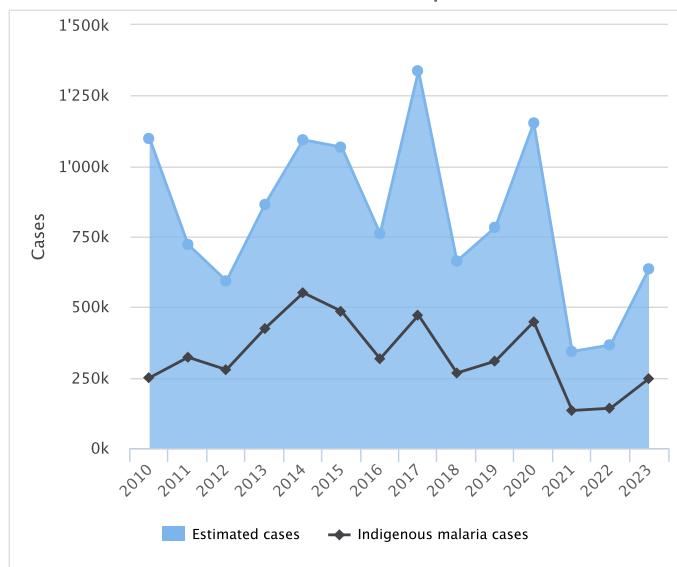
Yes* = Policy adopted, but not implemented in 2023

Disc = Discontinued

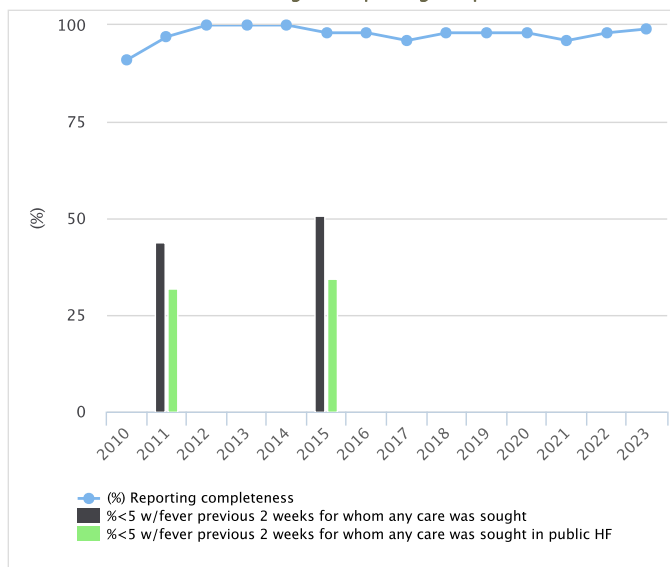
Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

III.

Estimated and reported cases



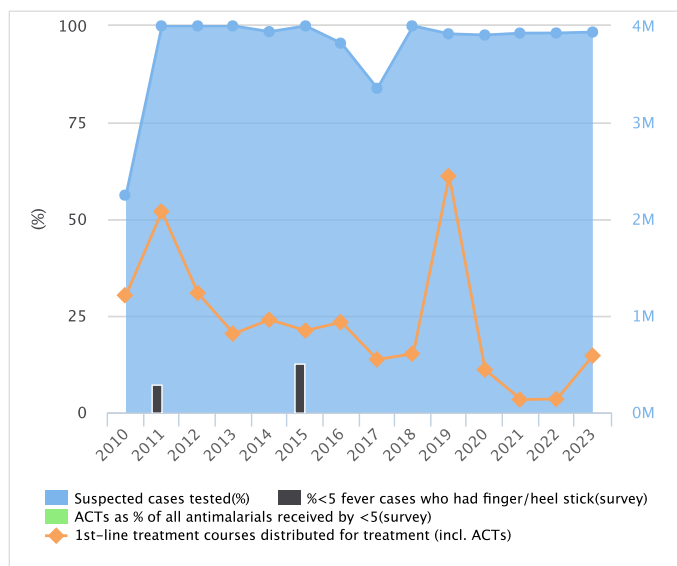
Treatment seeking and reporting completeness



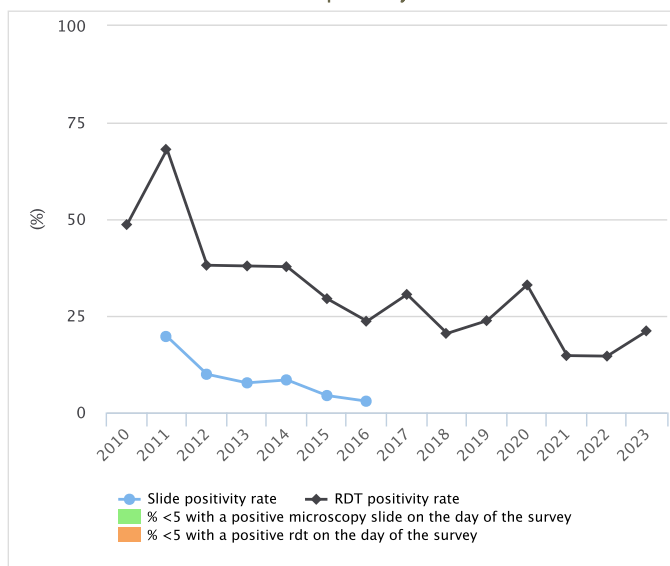
Source: DHS 2011,2015

IV.

Cases tested and treated

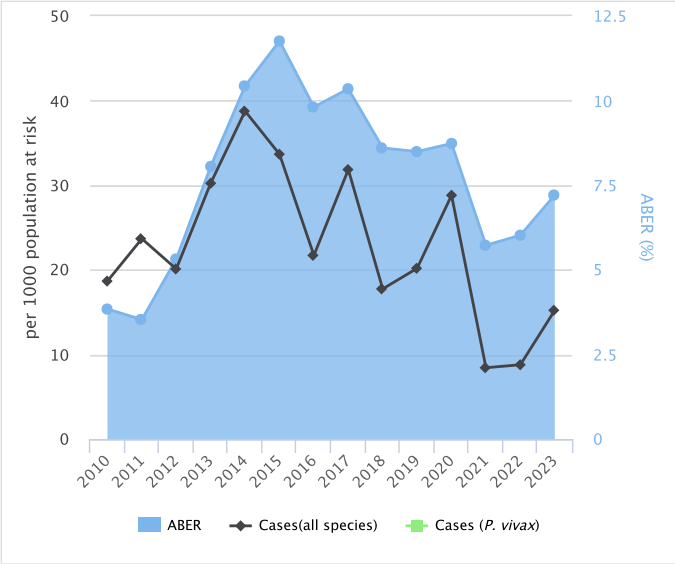


Test positivity



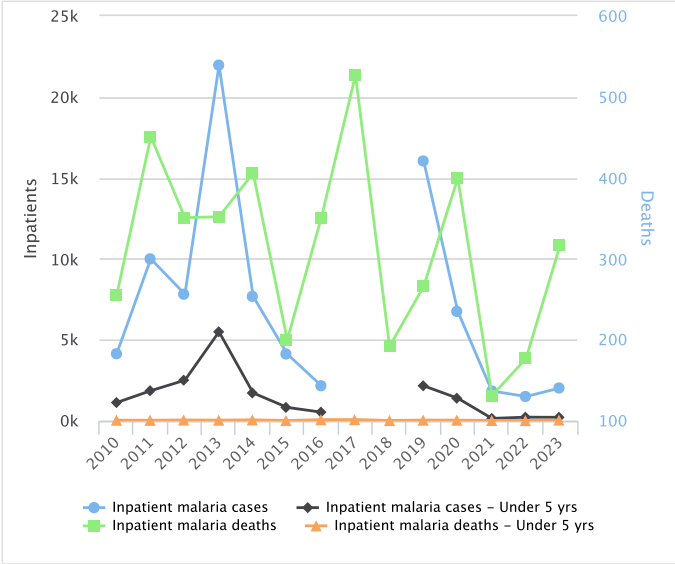
Source: DHS 2011,2015

V. Confirmed malaria cases per 1000 population at risk and ABER

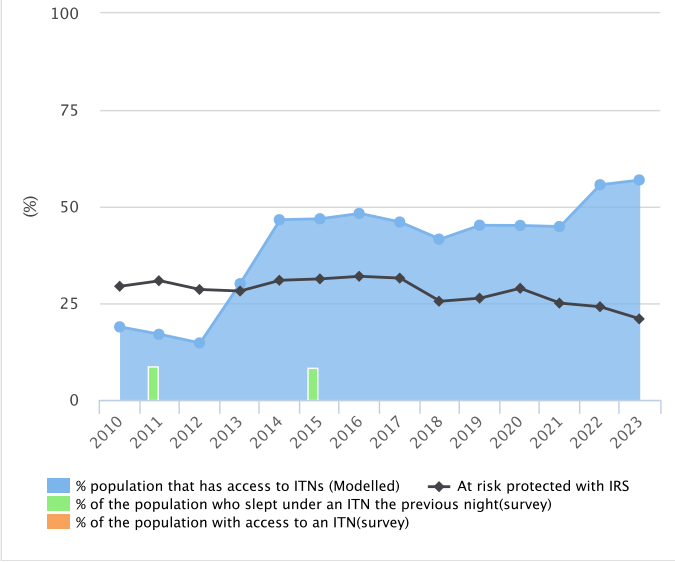


ABER=smeas examined in a year X100 / Total population. Includes cases that are imported and introduced

Malaria inpatients and deaths

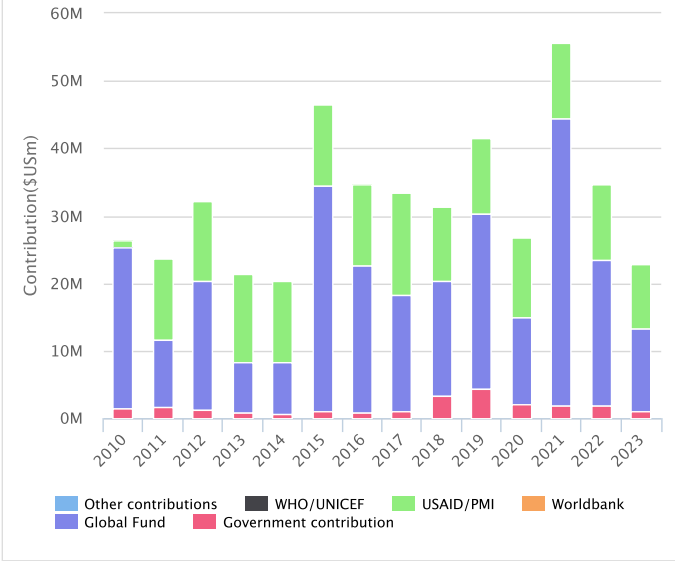


V. Coverage of ITN and IRS

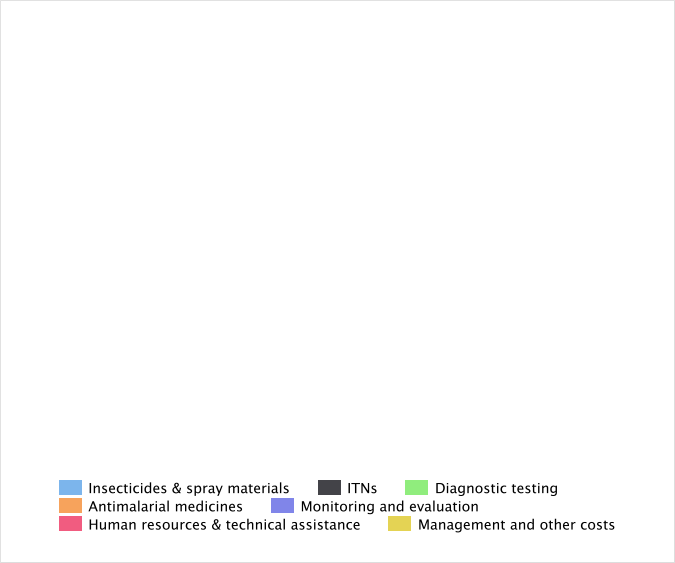


Source: DHS 2011,2015

Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes
(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 [mpac-april2018-erq-report-malaria-burden-session6.pdf \(who.int\)](#)