

## ZAMBIA

April 2010



### At a Glance: Zambia

Population – 2010: 12 million<sup>1</sup>

Life expectancy at birth – 2009:  
39 years (male), 39 years (female)<sup>1</sup>

Population at risk of malaria – 2008:  
100%<sup>2</sup>

Under-5 mortality rate – 2007:  
119/1,000 live births, or  
approximately 1 in 8 children die  
before their fifth birthday.<sup>3</sup>

<sup>1</sup> US Census Bureau, International Data Base 2010

<sup>2</sup> WHO World Malaria Report 2009

<sup>3</sup> Zambia 2007 Demographic and Health Survey

### Background

Although there are clear signs of improvement, malaria continues to be a major cause of morbidity and mortality in Zambia, and control of the disease is one of the government's highest priorities. Malaria transmission in Zambia occurs throughout the year, with the peak during the rainy season, which occurs between November and April.

### The President's Malaria Initiative (PMI)

Zambia is one of the 15 original countries benefiting from PMI, which was launched in 2005 and is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. As a key component of President Obama's Global Health Initiative and with the Lantos-Hyde Act of 2008, PMI's funding has been extended through fiscal year (FY) 2014, and a new six-year malaria strategy has been developed. Under the new strategy, the goal of PMI is to work with partners to halve the burden of malaria in 70 percent of the at-risk populations in sub-Saharan Africa (approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

PMI works with national malaria control programs and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the World Bank; Malaria No More; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

### Key Interventions

In line with Zambia's national malaria control strategy, PMI supports four key interventions to prevent and treat malaria:

- **Insecticide-treated mosquito nets (ITNs):** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, but can repel and kill mosquitoes for up to three years.

- **Indoor residual spraying (IRS):** IRS involves the coordinated, timely spraying of the inside walls of houses with insecticides. Mosquitoes are killed when they land on these sprayed walls, reducing malaria transmission.
- **Intermittent preventive treatment for pregnant women (IPTp):** IPTp is a highly effective means of reducing the serious consequences of malaria in both the pregnant woman and her unborn child, which include maternal anemia, and low birthweight babies. IPTp consists of the administration of at least two doses of the antimalarial drug sulfadoxine-pyrimethamine (SP) given not less than one month apart during the second and third trimesters of pregnancy. In most countries, SP needs for IPTp are being met by national governments and other donors.
- **Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests (RDTs) and prompt treatment with an effective drug. Artemisinin-based combination therapies (ACTs) are the recommended first-line treatment for uncomplicated *Plasmodium falciparum* malaria in most malaria-affected regions of Africa, and are extremely effective against malaria parasites; they have few or no side effects.

### Progress to Date

Zambia is in its third 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.

PMI-Supported Activities	2007	2008	2009	Cumulative
IRS: Houses sprayed <sup>1</sup>	657,695	762,479	1,189,676	-
IRS: Residents protected <sup>1</sup>	3,600,000	4,200,000	6,500,000	-
ITNs: Procured	808,332	186,550	433,235	1,428,117
ITNs: Distributed	550,017	444,865	433,235	1,428,117
SP Treatments: Procured	-	-	666,666	666,666
SP Treatments: Distributed	-	-	666,666	666,666
ACTs: Procured	-	80,640	173,160	253,800
ACTs: Distributed	-	80,640	173,160	253,800
RDTs: Procured	979,000	660,000	2,070,000	3,709,000
RDTs: Distributed	-	979,000	1,250,000	2,229,000
Health workers trained in IPTp <sup>2</sup>	-	-	63	-
Health workers trained in ACT use <sup>2</sup>	-	186	197	-
Health workers trained in diagnostics <sup>2</sup>	-	-	-	36

<sup>1</sup> A cumulative count of the number of houses sprayed and residents protected is not provided since some areas have been sprayed on more than one occasion.

<sup>2</sup> A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

## Impact

In Zambia, the proportion of households with at least one ITN has increased from 38 percent in 2006 to 62 percent in 2008. More importantly, the use of ITNs by children under five almost doubled from 24 percent in 2006 to 41 percent in 2008. The national malaria control program of Zambia estimates that since 2003, more than 7 million ITNs have been distributed throughout the country. During the same time period, the prevalence of severe anemia among children six months to five years of age declined by 71 percent, from 14 percent to just 4 percent, and malaria parasite prevalence dropped from 22 to 10 percent. It is highly likely that these results contributed significantly to the drop in all-cause under-five mortality, from 168 deaths per 1,000 live births in 2002 to 119 per 1,000 in 2007.

## PMI Funding

For FY 2010, PMI funding increased to \$25.6 million for malaria prevention and treatment in Zambia. Of this amount, 44 percent will support procurement and distribution of ITNs, 11 percent procurement of ACTs and improved case management, 24 percent IRS, 5 percent malaria in pregnancy activities, and 1 percent for monitoring and evaluation. Approximately 66 percent of the total budget will be spent on commodities.

	FY 2007 Jump start funds	FY 2008	FY 2009	FY 2010
Budget	\$9.5 million	\$14.8 million	\$14.7 million	\$25.6 million

For details on FY 2010 PMI activities in Zambia, please see the **Zambia Malaria Operational Plan:** [http://pmi.gov/countries/mops/fy10/zambia\\_mop-fy10.pdf](http://pmi.gov/countries/mops/fy10/zambia_mop-fy10.pdf).



## PRESIDENT'S MALARIA INITIATIVE

