Malaria Control Progress in Zambia 2001-2008



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Background

- In Zambia 12 million people, 90-100% risk of malaria
- Malaria is endemic in all nine provinces
- National Malaria Strategic Plan 2006-2010 with focus on scaling up for impact
 - Prevention (ITNs, IRS, MIP)
 - Case Management (Diagnosis & treatment)
 - Effective programme management
 - Community empowerment
 - M&E
- Increased partnerships and financing

IRS Coverage 2003 - 2008



ITN Distribution 2004-2007



Malaria Intervention Coverage Zambia 2001-2008 – by national surveys

Percent coverage of interventions





Child Malaria Parasitemia and Anemia Zambia 2006 & 2008 by National Malaria Indicator Surveys



All-cause neonatal, infant and child mortality Zambia 2001-2 and 2007 DHS results



* Except for child 1-4yr mortality -- measured per 1000 surviving infants

Scale-up Success and Implications for Next Steps

- Prevention coverage is high
 - Fill remaining ITN gaps
 - maintain high IPTp
 - Consolidate IRS
- Prompt & effective case management
 - High diagnostic coverage
 - Correct treatment
 - Active case detection & treatment
- Invest in IEC/BCC & operational research

Next steps for M&E

- Redefine malaria transmission map
 - Re-map malaria epidemiological zones
 - Scale up GIS
- Redefine indicators
 - Challenge of measuring prompt treatment within 24hrs
 - Fever Vs true malaria
- Review and refine current strategies
 - Timely reporting of routine data (HMIS)
 - Develop robust surveillance systems
 - Buy-in to country Demographic site surveillance (DSS)

Reported out-patient malaria cases drop dramatically after introduction of register of patients tested with RDTs

Percentage of all-cause out-patient cases that are diagnosed as malaria, by age group, Lutale health facility, Mumbwa District, Central Province, Zambia, Jan 2003 to Oct 2007



Conclusion

- Zambia implements 3-ones
 Different partners, one country plan
- Robust M&E to provide <u>timely</u> tracking of;
 - Intervention coverage (MIS, HMIS, Admin,)
 - Morbidity impacts (HMIS, MIS, studies, etc)
 - Mortality impacts (DHS, HMIS, DSS)
 - Improve district capacity for surveillance
 - Home management of malaria indicators



More information: www.nmcc.org.zm