



# Zambia: Making progress in the fight against malaria

## Summary

More than five million long-lasting insecticidal mosquito nets (LLINs) were distributed in Zambia in 2006 and 2007, keeping the country squarely on track to achieve its goal of rapidly reducing death and sickness from malaria. Any pregnant woman seeking prenatal care at a public health center now can obtain preventive medicines as well as LLINs for herself and any children under the age of five years living with her. Also, in 15 districts where indoor residual household spraying is targeted, the national goal of 85 percent coverage has been exceeded. Solid advances in intervention coverage, coupled with significantly strengthened government capacity and infrastructure to plan and manage rapid malaria control scale-up, position Zambia for sustained success in tackling the disease.

## Ambition and progress in Zambia

The Government of Zambia has made remarkable progress in its fight against malaria over the last three years. Preventing the disease is a national health priority in Zambia, where it causes up to 20 percent of maternal deaths, 40 percent of deaths under age five, and 45 percent of hospital and outpatient department visits. In 2005, Zambia committed to reduce malaria's impact by scaling up use of proven malaria interventions. Zambia was joined by the Malaria Control and Evaluation Partnership in Africa (MACEPA), a program at PATH, which has forged a partnership with Zambia focused on national leadership for program impact.

Armed with political will, solid financing, and global attention to the disease, Zambia and the country's Roll Back Malaria partners committed themselves to an ambitious plan: to demonstrate the positive health and economic benefits of a rapid, nationwide drive to prevent and treat malaria. The Government of Zambia and its partners are well positioned to meet their major targets by the end of 2008:

- Eighty percent of the population will be sleeping under an insecticide-treated net (ITN).
- At least 80 percent of pregnant women will have access to three courses of malaria prevention medicine and will be sleeping under an ITN.
- In the 15 targeted districts, 85 percent of people living in eligible households will have their homes sprayed annually.
- Eighty percent of malaria patients will be diagnosed and treated within 24 hours of onset of symptoms.

## Highlights of progress

In the first three years of this effort, substantial progress has been made toward these ambitious goals:

- **More than one million ITNs were distributed during the 2006 malaria transmission season; in 2007 that number more than tripled.** In fact, by April 2007, the country had already achieved its 2007 goal of providing ITNs to public antenatal clinics in all nine



PATH (Paul Libiszowski)

*MACEPA's scale-up for impact approach to malaria control is predicated on rapidly making available, on a national scale, the range of proven malaria control interventions in order to bring about dramatic improvements in national health and economic indicators. MACEPA is committed to accelerated national scale-up led by governments and guided by the principles of the three ones: working from one national plan, one coordination mechanism, and one monitoring and evaluation system.*

provinces in Zambia. Now any pregnant woman seeking care receives a bednet for herself and for any child under the age of five years living with her.

- **A streamlined, rapid system was developed for delivering ITNs directly to districts.** The World Bank adopted this method in 2007 for its delivery of 1 million nets in Zambia and estimates that this decentralized system saves US\$250,000 for every 300,000 nets delivered.
- **In the 15 targeted districts, 250,000 households were sprayed with insecticide in the 2005–2006 malaria transmission season.** By the end of 2007, 700,000 structures had been sprayed, protecting 3.5 million people.
- **More than 60 percent of pregnant women in Zambia are receiving at least two doses of malaria prevention medicine.** Achieving this milestone puts Zambia ahead of the interim Abuja target of 60 percent.
- **Well-aligned strategic, operational, and activity plans were developed.** This involved an ongoing and uncommon degree of partner participation. Commitment and critical input on the part of multi-partner technical working groups has been central to successful planning.
- **Essential tools and methods have been tested and applied.** Tools and methods for monitoring and evaluation, work planning, logistics management of ITN distribution, and human resource assessments are strengthening Zambia's ability to manage the scale-up process and are providing valuable templates for adaptation and use in other countries.
- **Zambia's 2006 National Malaria Indicator Survey was the first of its kind to assess intervention coverage rates as well as malaria**

**burden among children under age five years.** The 2008 Malaria Indicator Survey will provide data to evaluate the impact of the efforts in Zambia. MACEPA and other global partners provided critical technical expertise, and data collection was conducted using handheld computers to facilitate field data entry, extraction, and analysis.

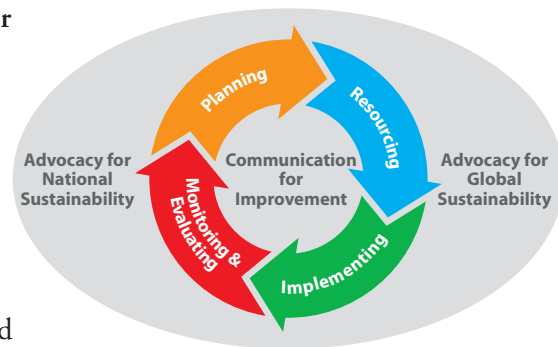
- **In Zambia, 400,000 rapid malaria diagnostic tests were supplied to all 72 districts.** In addition, 200 lab technicians were trained to use microscopes to diagnose malaria.

### Conclusion

A range of lessons has emerged during three years of implementing the rapid scale-up approach in Zambia. We know that country government leadership and commitment are essential to success. Partner collaboration ensures that resources are maximized and opportunities are leveraged in support of the national plan. Rapid scale-up can stress systems more than strengthen them; building management capacity at the district level can go a long way to diffuse that stress. Also, transaction costs of multiple donor partners create a significant administrative burden on government.

This progress strongly positions Zambia to achieve real, sustainable impact and to reach its goal of reducing national malaria incidence by 75 percent in 2011.

Solid leadership on the part of the Zambian government has made it possible for all of its partners to contribute to one national plan, demonstrating together that accelerated, nationwide malaria control and prevention are possible, within reach, and smart investments for any country burdened by this disease.



### Optimizing program performance

In partnership with MACEPA, Zambia has become a standard-setter in malaria control. MACEPA aims to contribute in ways that leverage and complement other partners' contributions and showcase national leadership. With staff posted in the National Malaria Control Centre, MACEPA works with Zambia and its partners to strategize, troubleshoot, and resolve bottlenecks and challenges as they arise. The partnership focuses on optimizing program performance through a cycle of planning, resourcing, implementing, monitoring and evaluating, and advocating for sustainability based on results (see figure above). MACEPA has provided intensive support for processes that have produced impact-focused plans and has supported the government's use of innovative tools to make those plans a reality, including comprehensive malaria indicator surveys and a range of tools to support planning and implementation.

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