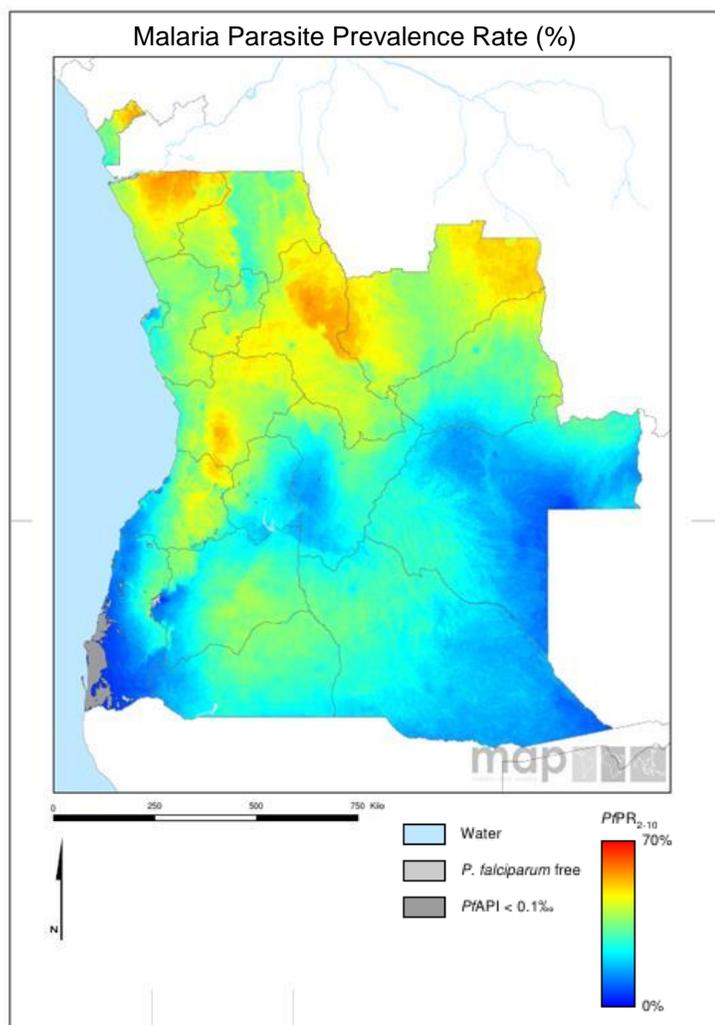


## Scorecard for Accountability and Action



The entire population of Angola is at risk of malaria. The annual reported number of suspected malaria cases in 2012 was 1,496,834 with 5,736 deaths.

### Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2014)		
Community case management (Pneumonia)		
Community case management (Malaria)		
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)		2.3
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)		44
Public sector RDT financing 2014 projection (% of need)		32
Public sector ACT financing 2014 projection (% of need)		91
Operational LLIN/IRS coverage (% of at risk population)		64
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)		17
% deliveries assisted by skilled birth attendant		47
Exclusive breastfeeding (% children < 6 months)		11
Vitamin A Coverage (2 doses)		55
DPT3 coverage 2011 (vaccination among 12-23 month olds)		86
Postnatal care (within 48 hrs)		

### Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data/Not applicable



### **Urgent Global Fund Update**

The Global Fund has announced that Angola will receive US\$ 92.2 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on the country's disease burden and income level, as well as several other factors. The malaria component is allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Angola this is calculated at US\$ 60.2 million, with no new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. The country is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years. This will likely require frontloading the grant as well as securing resources from other donors and including enhancing domestic resource commitments.

### **Progress**

Angola has declared the intention to ban oral artemisinin-based monotherapies. The country has made good progress in the tracer MNCH indicator of DPT3 coverage.

### **Impact**

The country reported 1,496,834 malaria cases with 5,736 malaria deaths in 2012.

### **Key Challenge**

- The lack of new resources allocated to malaria in the Global Fund New Funding Model jeopardises the country's ability to sustain the impressive gains made in the fight against malaria.

## Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Enact high level policy and strategy change	Finalise policy on Community Case Management of malaria and pneumonia	Q1 2014		No progress reported
MNCH <sup>1</sup> : Optimise quality of care	<p>a) Identify and address policy, programmatic, and managerial barriers to progress including increasing both domestic and external investments. Ensure PMTCT services are integrated with RMNCH services and are available to all by removing obstacles such as user fees, addressing stigma and discrimination and ensuring that investments are made in scaling-up and creating demand for services</p> <p>b) Prioritise collection of postnatal care data</p>	<p>Q1 2013</p> <p>Q1 2014</p>		<p>New data show a small increase in coverage to 17% in 2012. The country is working to integrate PMTCT with RMNCH services. The country has adopted WHO Option B+ systematically offering lifelong antiretroviral therapy to pregnant women living with HIV and has developed a national plan for elimination of MTCT</p> <p>The policy on community health is expected to include community level postnatal care. At present, postnatal care is confined to facility level</p>

## New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Assess the implications of the lack of new funding through the Global Fund and work to ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years, including through enhanced domestic resource commitments	Q3 2014

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

<sup>1</sup> MNCH metrics, recommended actions and response tracked through WHO MCA/iERG