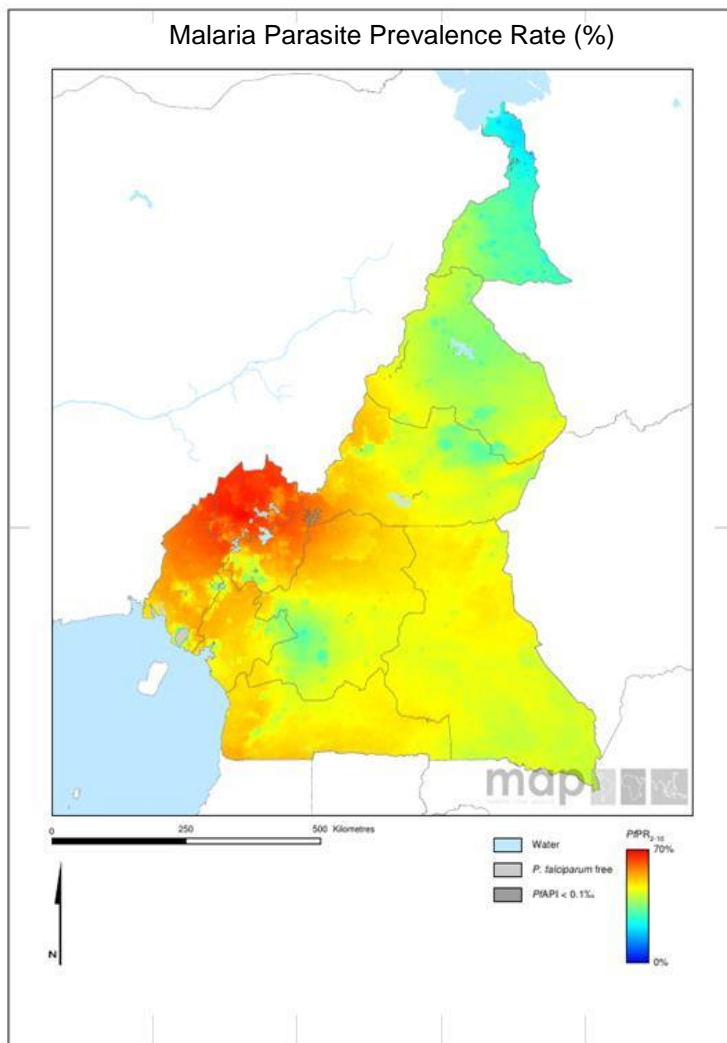


Scorecard for Accountability and Action



Malaria transmission occurs year round in Cameroon and is most intense in the south of the country. The annual reported number of malaria cases in 2012 was 313,315 with 3,209 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Target achieved or on track
Community case management (Pneumonia)	Target achieved or on track
Community case management (Malaria)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	2.9 (Not on track)
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	100 (Target achieved or on track)
Public sector RDT financing 2014 projection (% of need)	93 (Target achieved or on track)
Public sector ACT financing 2014 projection (% of need)	70 (Progress but more effort required)
Operational LLIN/IRS coverage (% of at risk population)	46 (Progress but more effort required)
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	No data/Not applicable
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	64 (Target achieved or on track)
% deliveries assisted by skilled birth attendant	64 (Progress but more effort required)
Exclusive breastfeeding (% children < 6 months)	20 (Not on track)
Vitamin A Coverage (2 doses)	89 (Target achieved or on track)
DPT3 coverage 2011 (vaccination among 12-23 month olds)	66 (Progress but more effort required)
Postnatal care (within 48 hrs)	37 (Progress but more effort required)

Key

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

### **Urgent Global Fund Update**

The Global Fund has announced that Cameroon will receive US\$ 288.3 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 Cameroon's disease burden and income level, as well as several other factors. The malaria component is also 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 Cameroon this is calculated at US\$ 118.1 million, including US\$ 84.8 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Cameroon 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.

### **Progress**

Cameroon has banned the import and sale of oral artemisinin-based monotherapies and has introduced Community Case Management of malaria and pneumonia. Funds have been secured to finance essential malaria commodities, although gaps still exist, especially in supporting operational costs such as LLIN distribution. The country has also made significant improvements in the tracer MNCH intervention PMTCT coverage, as well as achieving high levels of vitamin A coverage.

### **Impact**

The number of reported malaria cases in 2012 was 313,315 with 3,209 deaths.

### **Key Challenges**

- Lack of resources for the 2015 LLIN campaign.
- Recent reports of malaria upsurges in the north of the country.

## Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Address falling LLIN coverage and ensure funding gaps for the 2014 campaign are filled	Q1 2014		The country is working on the Global Fund New Funding Model concept note to secure financing for the LLIN campaign in 2015. The country is working to secure domestic resources to support the LLIN distribution
Address Funding	Confirm financing has been secured for ACTs and RDTs	Q4 2014		Deliverable not yet due but the Global Fund is supporting the procurement of RDTs and ACTs and the majority of the 2014 gaps have now been filled including through domestic resources
Optimise quality of care	Investigate underlying causes for the recent reported malaria upsurges	Q2 2014		Deliverable not yet due
MNCH <sup>1</sup> : Optimise quality of care	Ensure all facilities are baby friendly by implementing the ten steps to successful breastfeeding, providing follow-up support to breastfeeding mothers and enhancing community awareness	Q1 2013		No progress reported

## New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q3 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years, including enhanced domestic resource allocations	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