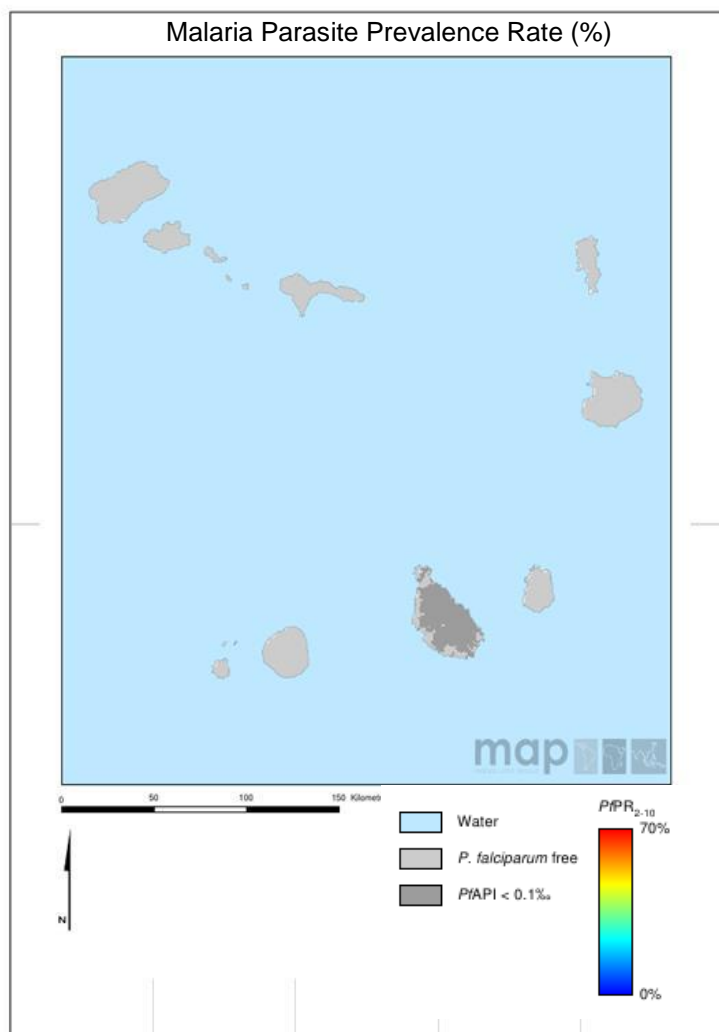


Scorecard for Accountability and Action



In Cape Verde, 58% of the population lives in areas where there is a low risk of malaria; the rest of the country is malaria-free. The annual reported number of malaria cases in 2012 was 36 and zero deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Progress but more effort required
Community case management (Pneumonia)	No data/Not applicable
Community case management (Malaria)	No data/Not applicable
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	4
Commodities Financed, Implementation and Malaria Impact	
IRS financing 2014 (% of at-risk population)	100
Public sector RDT financing 2014 projection (% of need)	100
Public sector ACT financing 2014 projection (% of need)	100
IRS Operational Coverage (%)	95
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	Target achieved or on track
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	No data/Not applicable
% deliveries assisted by skilled birth attendant	76
Exclusive breastfeeding (% children < 6 months)	60
Vitamin A Coverage (2 doses)	No data/Not applicable
DPT3 coverage 2011 (vaccination among 12-23 month olds)	90
Postnatal care (within 48 hrs)	26

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 Cape Verde will receive US\$ 6.3 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 Cape Verde'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 Cape Verde this is calculated at US\$ 1.3 million, including US\$ 756,000 of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Cape Verde 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**

Cape Verde has made great progress and has achieved significant impact in its malaria control programme, enabling the country to enter the pre-elimination phase of malaria control. The country has secured sufficient resources to sustain high coverage of key malaria interventions in 2014, and continues to sustain high coverage of vector control interventions. The country has achieved high coverage of tracer MNCH interventions including DPT3 vaccination, skilled birth attendants, and exclusive breastfeeding. Cape Verde also has a high rating in terms of public sector management systems. Cape Verde has achieved a 64% reduction in under-five child mortality since 1990. Cape Verde was awarded a 2014 ALMA Award for Excellence in Implementation of Vector Control.

### **Progress**

Malaria morbidity and mortality has declined in Cape Verde. Total confirmed malaria cases decreased from 126 during 2000–2001 to 36 cases in 2012 and zero deaths. As such, the country has achieved the international target of at least a 75% reduction in malaria burden since 2000.

### **Key Challenge**

- Sustaining malaria control gains as the country prepares for elimination.

### Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH <sup>1</sup> : Optimise quality of care	Work towards improving postnatal care coverage through increasing availability of skilled care, promoting facility births where women and babies are observed for at least 24 hours before discharge and through home visits by community health workers	Q1 2014		No progress reported

### New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q4 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q4 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