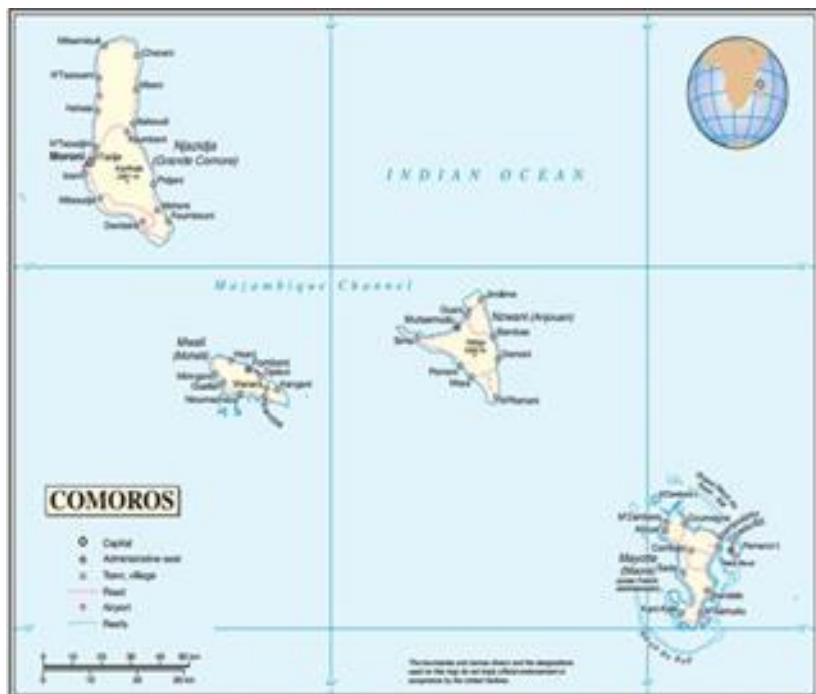


Scorecard for Accountability and Action



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)	No data/Not applicable
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	2.5
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	41
Public sector RDT financing 2014 projection (% of need)	60
Public sector ACT financing 2014 projection (% of need)	100
Operational LLINIRS coverage (% of at risk population)	100
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)	No data/Not applicable
% deliveries assisted by skilled birth attendant	62
Exclusive breastfeeding (% children < 6 months)	21
Vitamin A Coverage (2 doses)	18
DPT3 coverage 2011 (vaccination among 12-23 month olds)	83
Postnatal care (within 48 hrs)	No data/Not applicable

Most of the population of the Comoros is at high risk of malaria. Transmission is perennial in the Island of Grand Comore and unstable throughout the zones of Anjouan and Mohéli. The annual reported number of malaria cases in 2012 was 49,840 with 17 deaths.

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 Comoros will receive US\$ 19.2 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 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 Comoros this is calculated at US\$ 13.3 million, including US\$ 9.9 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. Comoros 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

Comoros has made good progress in scaling-up coverage of key malaria control interventions including universal coverage with LLINs. The country has secured sufficient resources for the ACTs required to sustain universal coverage. Comoros has banned oral artemisinin-based monotherapies and has also introduced a policy for the Community Case Management of pneumonia. The country has made improvements in the tracer MNCH metric for DPT3 coverage.

Impact

The annual reported number of malaria cases in 2012 was 49,840 with 17 deaths.

Key Challenge

- Insufficient human resources and a limited number of partners to implement malaria control activities.





Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	a) Work to develop a strategy to promote exclusive breastfeeding	Q3 2014		Deliverable not yet due
	b) Investigate and address reasons for low vitamin A coverage in 2011	Q3 2014		Deliverable not yet due
	c) Prioritise collection of postnatal care data	Q1 2014		The country is working to change the national policy on postnatal care visits to include new born children. Comoros is also revising the policy to ensure these visits take place within 48 hours

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q1 2015 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q1 2015

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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