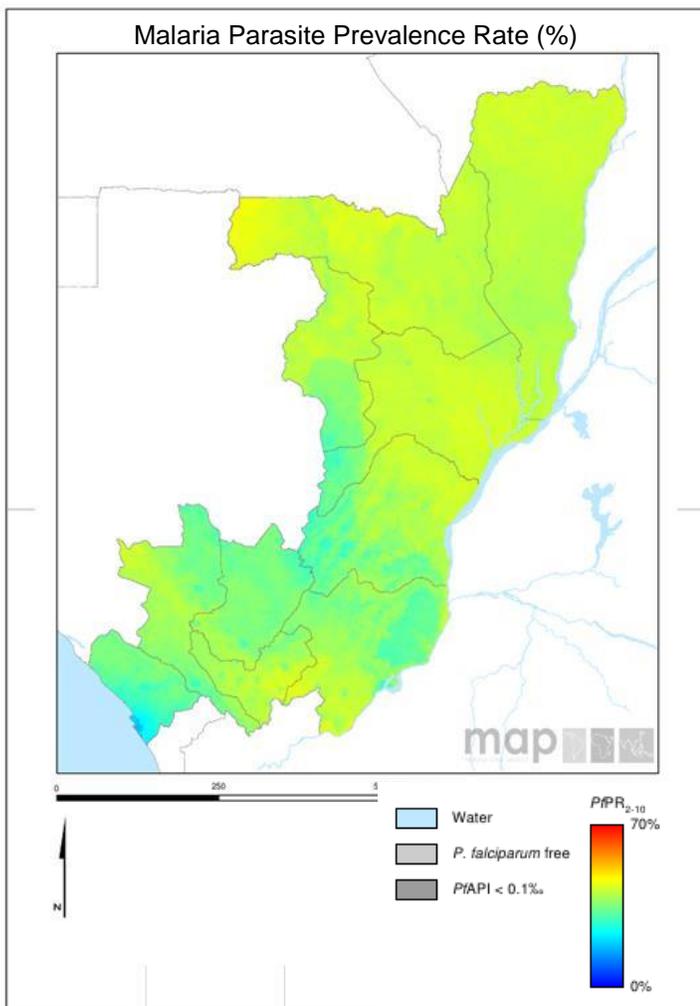


Scorecard for Accountability and Action



The entire population of the Republic of the Congo is at high risk of malaria and transmission is intense all year round. The annual reported number of malaria cases in 2012 was 117,640 with 623 deaths.

Metrics

Policy and Financial Control

Oral Artemisinin Based Monotherapy Ban status (2014)	Target achieved or on track
Community case management (Pneumonia)	Not on track
Community case management (Malaria)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	2.5

Commodities Financed, Implementation and Malaria Impact

LLIN financing 2014 projection (% of need)	Not on track	0
Public sector RDT financing 2014 projection (% of need)	Progress but more effort required	60
Public sector ACT financing 2014 projection (% of need)	Progress but more effort required	60
Operational LLIN/IRS coverage (% of at risk population)	Not on track	25
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)	Not on track	19
% deliveries assisted by skilled birth attendant	Target achieved or on track	94
Exclusive breastfeeding (% children < 6 months)	Not on track	21
Vitamin A Coverage (2 doses)	Target achieved or on track	84
DPT3 coverage 2011 (vaccination among 12-23 month olds)	Target achieved or on track	90
Postnatal care (within 48 hrs)	Not on track	28

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 Congo will receive US\$ 21.5 million for HIV, tuberculosis, 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 Congo there are no previous or new resources allocated. The implications of this decision by the Global Fund need to be urgently addressed by the country and key partners.

Progress

Congo introduced a policy of Community Case Management of malaria to bring treatment services closer to the population. The country has recently banned the marketing of oral artemisinin-based monotherapies. The country has made good progress in tracer MNCH interventions, particularly skilled birth attendants, vitamin A coverage, and DPT3 vaccination. Exclusive breastfeeding coverage has also increased.

Impact

The annual reported number of malaria cases in 2012 was 117,640 with 623 deaths.

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 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
Address funding	Work with key partners to fill outstanding funding gaps as a result of the cancellation of the Global Fund grant and work to enhance absorptive capacity in time for the new funding model	Q4 2013		The country has not been allocated malaria funding by the Global Fund. Urgent action is required to prevent malaria resurgences
Optimise quality of care	Address falling LLIN coverage	Q2 2014		Deliverable not yet due
MNCH ¹ : Enact high level policy and strategy change	Work to update the exclusive breastfeeding policy from 3 months to 6 months	Q3 2014		Breastfeeding coverage has increased to 21%

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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	PMTCT: 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	Q1 2013		PMTCT coverage has increased to 19% in 2012 from 6% in 2011. Congo developed an eMTCT plan in 2011 and implementation started in 2012. 80% of health structures have now integrated the eMTCT approach with health services. A key challenge remains the stock out of HIV drugs and tests

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Assess the implications of the lack of new malaria funding allocated 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	Q3 2014

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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