

Scorecard for Accountability and Action

Metrics

Policy and Financial Control

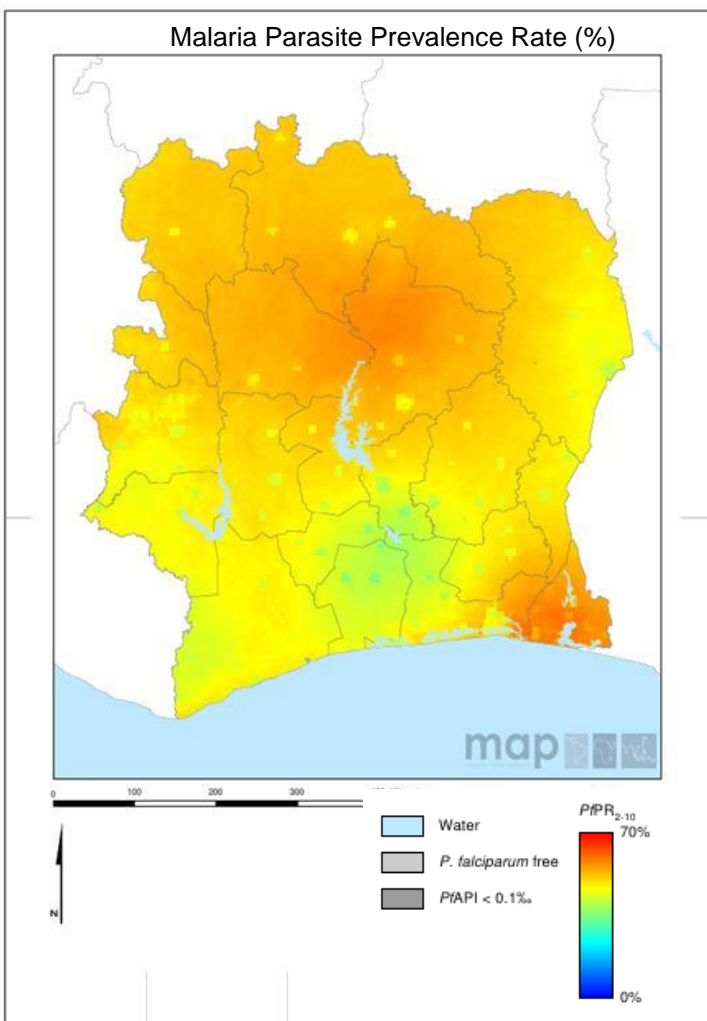
Oral Artemisinin Based Monotherapy Ban status (2014)		
Community case management (Pneumonia)		
Community case management (Malaria)		
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)		2.8

Commodities Financed, Implementation and Malaria Impact

LLIN financing 2014 projection (% of need)		100
Public sector RDT financing 2014 projection (% of need)		100
Public sector ACT financing 2014 projection (% of need)		100
Operational LLIN/IRS coverage (% of at risk population)		29
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)		68
% deliveries assisted by skilled birth attendant		59
Exclusive breastfeeding (% children < 6 months)		12
Vitamin A Coverage (2 doses)		
DPT3 coverage 2011 (vaccination among 12-23 month olds)		62
Postnatal care (within 48 hrs)		34



Malaria transmission occurs all year round throughout Côte d'Ivoire, although it is more seasonal in the north of the country. The annual reported number of malaria cases in 2012 was 2,168,215 with 1,534 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 Côte d'Ivoire will receive US\$ 260.2 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 Côte d'Ivoire'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 Côte d'Ivoire this is calculated at US\$ 118.7 million, including US\$ 45.1 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. 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.

Progress

Côte d'Ivoire has banned the import and sale of oral artemisinin-based monotherapies and has also introduced a policy on Community Case Management of malaria and pneumonia. Côte d'Ivoire has also successfully raised resources for the financing of the required number of LLINs, RDTs, and ACTs in 2014. The country has made progress on tracer MNCH interventions, including PMTCT.

Impact

The annual reported number of malaria cases in 2012 was 2,168,215 with 1,534 deaths.

Key Challenge

- Securing longer term resources for malaria programming.

Previous Key Recommended Actions




Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Ensure LLINs currently under procurement are distributed as quickly as possible in order to address decreasing LLIN coverage	Q2 2014		Deliverable not yet due. Around 500,000 LLINs delivered to the country in the last quarter and others are currently under procurement
MNCH ¹ : Optimise quality of care	a) Prioritise the collection of postnatal care data	Q1 2014		The country recommends postnatal follow up contacts by a trained provider for mother and newborn and recommends Kangaroo Mother Care for low birth weight newborns
	b) Identify and address reasons for falling DPT3 coverage	Q2 2014		Deliverable not yet due

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

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	Q3 2014

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due