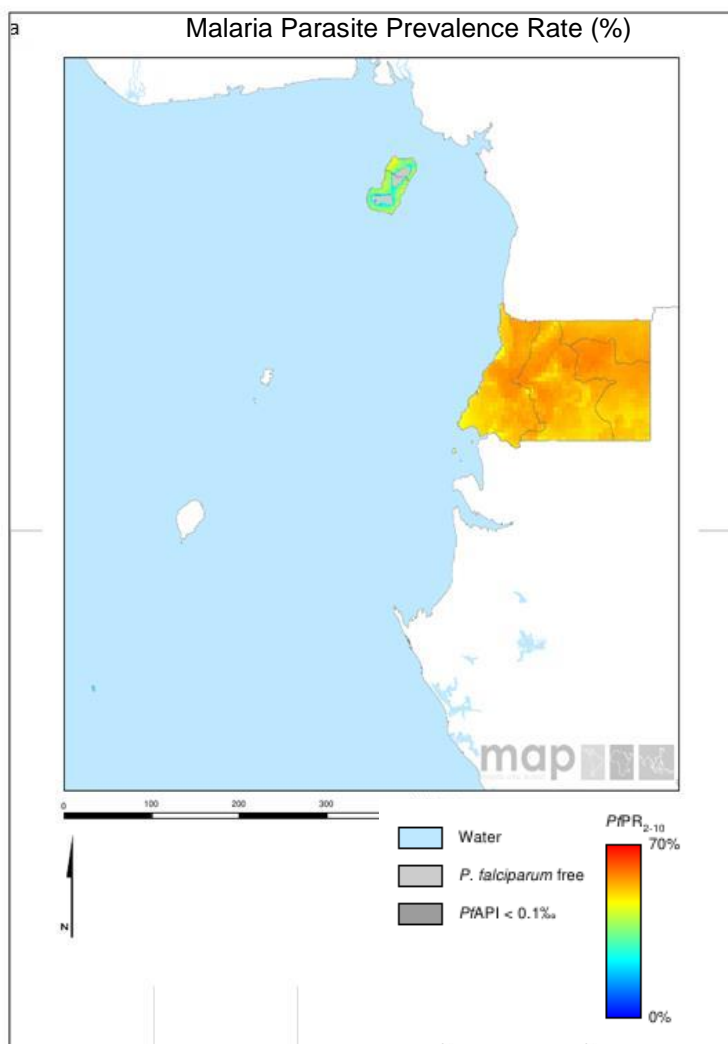


Scorecard for Accountability and Action



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)		
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)		
Public sector RDT financing 2014 projection (% of need)		
Public sector ACT financing 2014 projection (% of need)		
Operational LLIN/IRS coverage (% of at risk population)	▲	41
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)		
% deliveries assisted by skilled birth attendant		68
Exclusive breastfeeding (% children < 6 months)		7
Vitamin A Coverage (2 doses)		
DPT3 coverage 2011 (vaccination among 12-23 month olds)		33
Postnatal care (within 48 hrs)	▲	56

The entire population of Equatorial Guinea is at high risk of malaria and the transmission is intense all year round. The annual reported number of malaria cases in 2012 was 15,169 with 77 deaths.

Key

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

Global Fund Update

Equatorial Guinea is ineligible for malaria funding from the Global Fund. In the absence of Global Fund resources for malaria, the country is encouraged to invest sufficient domestic resources in continuing the fight against malaria.

Progress

Equatorial Guinea has made progress with malaria control on Bioko Island and is working to extend this success to the mainland. The country has introduced a policy of Community Case Management of pneumonia.

Impact

The annual reported number of malaria cases in 2012 was 15,169 with 77 deaths.

Key Challenge

- The continuous marketing of oral artemisinin-based monotherapies for the treatment of uncomplicated malaria.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Build capabilities	The country to ensure it updates the RBM road map with current information and report on progress, gaps and challenges	Q2 2012		The country is receiving technical assistance to allow the finalisation of the country gap analysis
MNCH ¹ : Optimise quality of care	a) 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, and ensuring that investments are made in scaling-up and creating demand for services	Q1 2013		No progress reported





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	b) The country is advised to invest resources in a well-structured and sustainable Expanded Programme on Immunization	Q1 2013	No progress	No progress reported
	c) Address reasons for decreasing breastfeeding coverage	Q1 2014		No progress reported
	d) Investigate and address reasons for low vitamin A coverage in 2011	Q4 2014	Deliverable not yet due	

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure that sufficient domestic resources are committed to malaria control	Q4 2014

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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