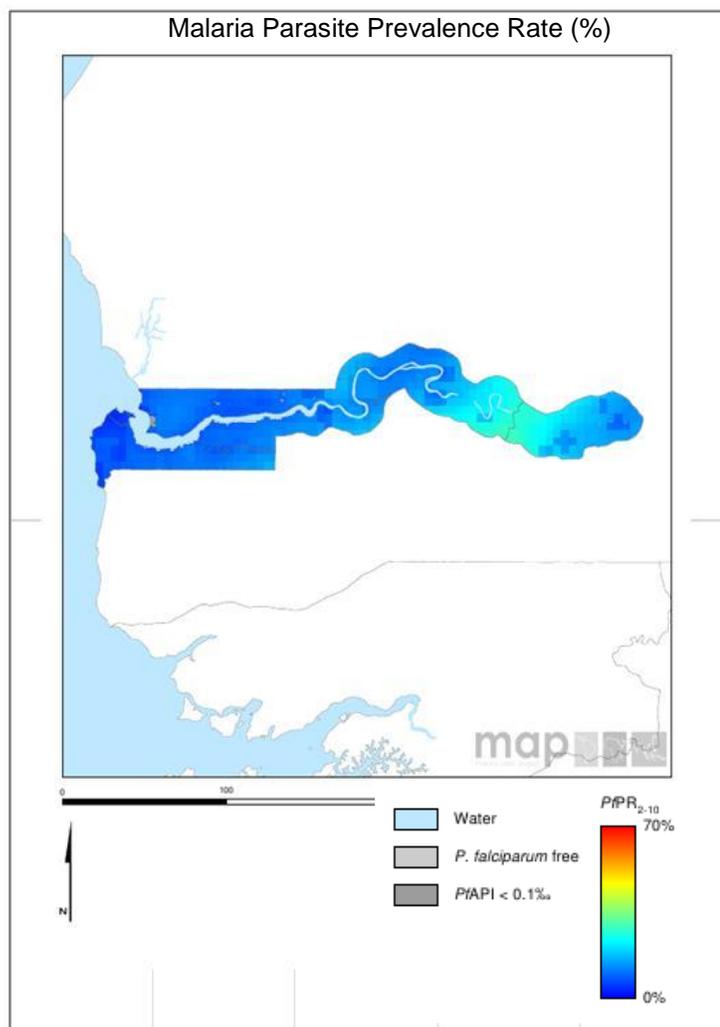


Scorecard for Accountability and Action



The entire population of The Gambia is at high risk of malaria and transmission is intense for most of the year. The annual reported number of malaria cases in 2012 was 177,999 with 289 deaths.

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)		3
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)		100
Public sector RDT financing 2014 projection (% of need)		90
Public sector ACT financing 2014 projection (% of need)		87
Operational LLIN/IRS coverage (% of at risk population)	▲	100
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		57
Exclusive breastfeeding (% children < 6 months)		47
Vitamin A Coverage (2 doses)		93
DPT3 coverage 2011 (vaccination among 12-23 month olds)		96
Postnatal care (within 48 hrs)		

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 The Gambia will receive US\$ 53.1 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 Gambia'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 The Gambia this is calculated at US\$ 26.2 million, including US\$ 13.3 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 Gambia 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

The Gambia continues to make good progress with malaria control, including the introduction of Community Case Management for malaria and pneumonia. The Gambia has secured resources to finance most of the malaria commodities required for 2014. The country has also procured sufficient LLINs to sustain universal coverage. The country has achieved high coverage of tracer MNCH interventions including DPT3 and vitamin A coverage and has increased rates of exclusive breastfeeding. The Gambia has reduced the under-five mortality rate by 57% since 1990.

Impact

The annual reported number of malaria cases in 2012 was 177,999 with 289 deaths.

Key Challenge

- Weak Logistics Management Information System (LMIS) to generate consumption data for quantification of malaria commodities.

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