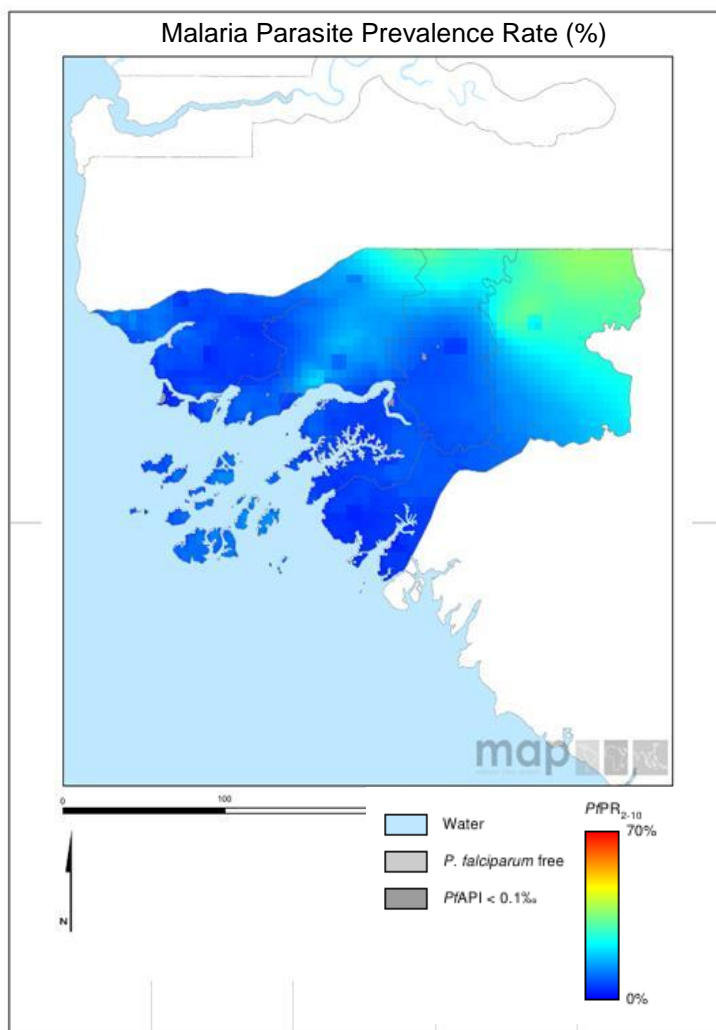


Scorecard for Accountability and Action



The entire population of Guinea-Bissau is at high risk of malaria. The annual reported number of malaria cases in 2012 was 50,381 with 370 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)		2.3
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)		76
Public sector RDT financing 2014 projection (% of need)		4
Public sector ACT financing 2014 projection (% of need)		0
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)		33
% deliveries assisted by skilled birth attendant		44
Exclusive breastfeeding (% children < 6 months)		38
Vitamin A Coverage (2 doses)		
DPT3 coverage 2011 (vaccination among 12-23 month olds)		76
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 Guinea-Bissau will receive US\$ 52.6 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 Guinea-Bissau'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 Guinea-Bissau this is calculated at US\$ 27.4 million, including US\$ 22.3 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. Guinea-Bissau 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

Guinea-Bissau has made progress in scaling-up anti-malarial interventions and has banned the import and sale of oral artemisinin-based monotherapies. The country has achieved universal coverage of LLINs/IRS.

Impact

The annual reported number of malaria cases in 2012 was 50,381 with 370 deaths.

Key Challenge

- Filling outstanding funding gaps to sustain universal coverage of malaria control interventions.

Previous Key Recommended Actions





Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Address falling LLIN coverage	Q2 2014		412,700 LLINs delivered to the country in the last quarter
MNCH ¹ : Optimise quality of care	a) Ensure all facilities are baby friendly by implementing the ten steps to successful breastfeeding, providing follow-up support to breastfeeding mothers and enhancing community awareness	Q1 2013		No progress reported
	b) Prioritise collection of postnatal care data	Q1 2014		No progress reported

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 Q2 2015 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2015

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due