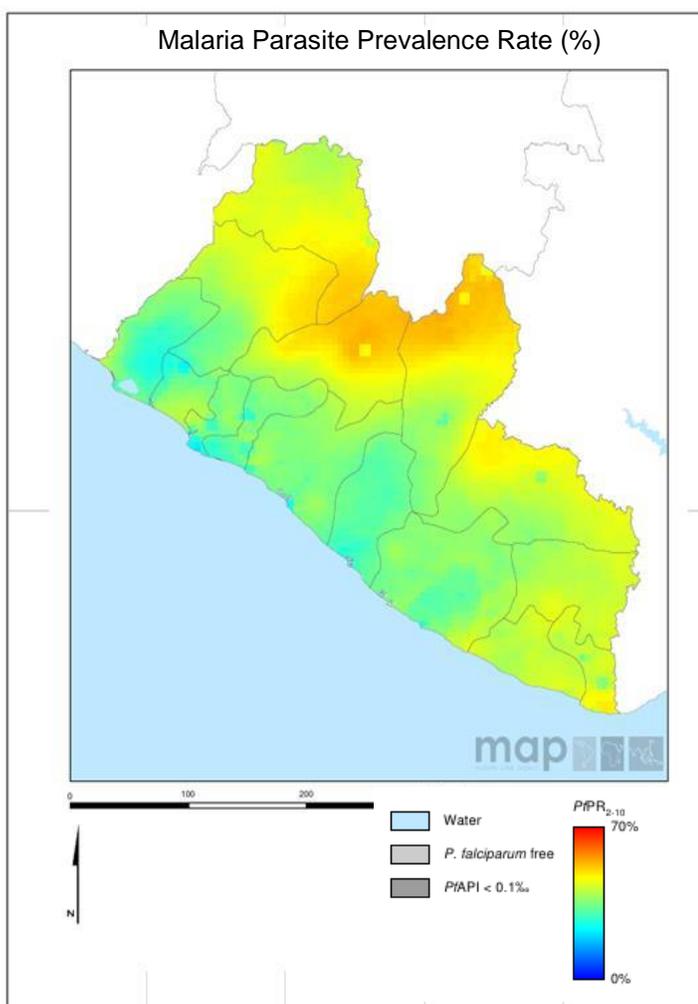


### Scorecard for Accountability and Action



The entire population of Liberia is at high risk for malaria. Transmission is perennial in most of the country, particularly in the central and southern regions, and is intense for most months of the year. The annual reported number of malaria cases in 2012 was 1,407,455 with 1,725 deaths.

#### Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Target achieved or on track
Community case management (Pneumonia)	Target achieved or on track
Community case management (Malaria)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)	2.8
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	100
Public sector RDT financing 2014 projection (% of need)	72
Public sector ACT financing 2014 projection (% of need)	100
Operational LLIN/IRS coverage (% of at risk population)	60
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)	87
% deliveries assisted by skilled birth attendant	46
Exclusive breastfeeding (% children < 6 months)	34
Vitamin A Coverage (2 doses)	96
DPT3 coverage 2011 (vaccination among 12-23 month olds)	49
Postnatal care (within 48 hrs)	60

#### 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 Liberia will receive US\$ 101.8 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 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 Liberia this is calculated at US\$ 47.1 million, with only US\$ 4.3 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 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. This will likely require frontloading of the grant as well as securing resources from other donors.

### Progress

Liberia has made significant progress in malaria control. A ban has been introduced on the importation and sale of oral artemisinin-based monotherapies. Liberia has also introduced policies on Community Case Management of malaria and pneumonia. Liberia had secured most of the resources for procurement of antimalarial commodities in 2014. The country has achieved good coverage in the tracer MNCH indicators of postnatal care and vitamin A, and has significantly increased PMTCT coverage. Liberia has achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990. Liberia has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Reproductive, Maternal, Newborn and Child Health Scorecard.

### Impact

The annual reported number of malaria cases in 2012 was 1,407,455 with 1,725 deaths.

### Key Challenge

- The lack of significant new resources allocated to malaria in the Global Fund New Funding Model jeopardises the country's ability to sustain the impressive gains made in the fight against malaria.

### Previous Key Recommended Action

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

## 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

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due