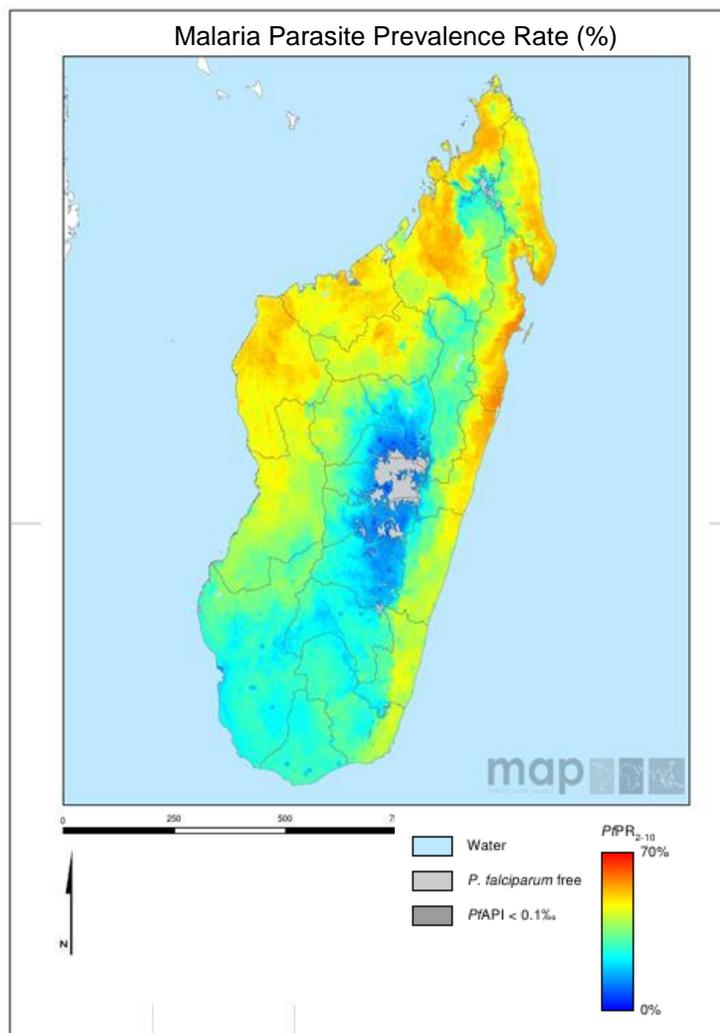


Scorecard for Accountability and Action



Malaria transmission in Madagascar occurs all year round in the north of the country; 75% of the population lives in low-transmission areas which are prone to epidemics and 25% live in areas of high risk. The annual reported number of malaria cases in 2012 was 359,420 with 552 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)		2.6
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)		98
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		44
Exclusive breastfeeding (% children < 6 months)		51
Vitamin A Coverage (2 doses)		91
DPT3 coverage 2011 (vaccination among 12-23 month olds)		89
Postnatal care (within 48 hrs)		46

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 Madagascar will receive US\$ 112.4 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 Madagascar this is calculated at US\$ 84.6 million, with only US\$ 1 million in 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

Madagascar has made significant progress in scaling-up and sustaining malaria control interventions and has been successful in attracting resources through the Global Fund. The country has made policy changes including the banning of oral artemisinin-based monotherapies and the introduction of policies on Community Case Management of malaria and pneumonia. Case management and vector control have been scaled-up resulting in a significant reduction in the malaria burden. The country has achieved high coverage of vector control interventions. The country has made good progress on increasing DPT3 vaccination coverage and vitamin A coverage. Madagascar has shown a 63% decline in under-five mortality rate since 1990. Madagascar was awarded a 2014 ALMA Award for Excellence in Implementation of Vector Control.

Impact

Madagascar has made progress in malaria control interventions resulting in reduced cases and deaths. The reported outpatient malaria cases decreased from 1,600,000 in 2000–2004 to 359,420 in 2012 and deaths from 591 in 2000 to 552 in 2012.

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.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q4 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q4 2014