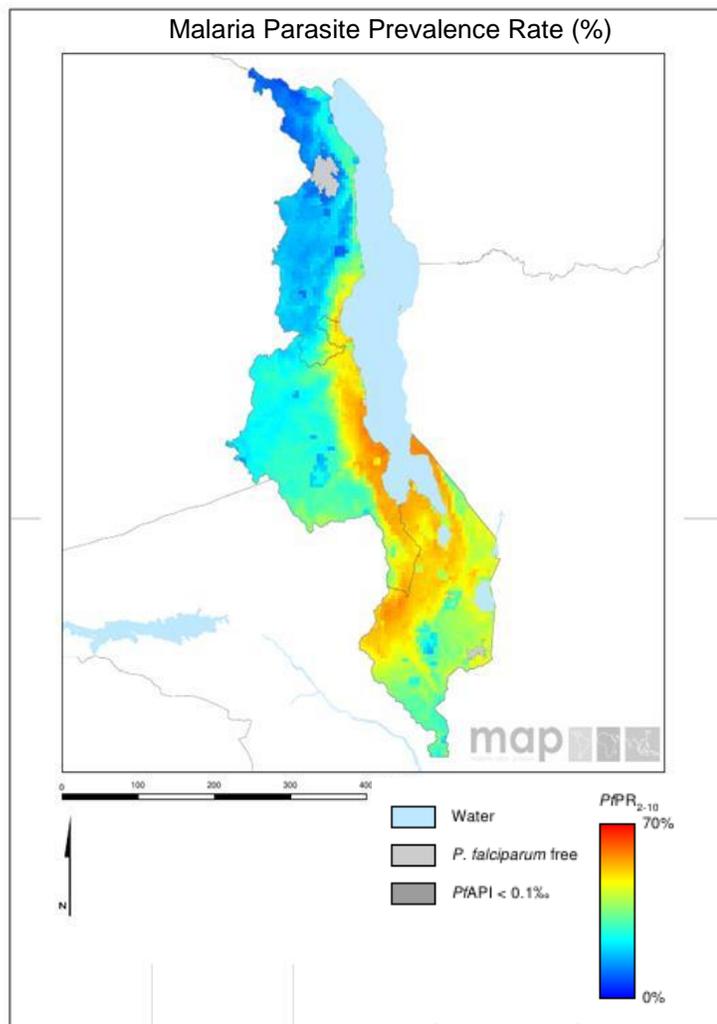


Scorecard for Accountability and Action



Malaria is endemic in all parts of Malawi. The annual reported number of malaria cases in 2012 was 3,659,565 with 5,516 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)	3.3
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)	56
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)	60
% deliveries assisted by skilled birth attendant	71
Exclusive breastfeeding (% children < 6 months)	71
Vitamin A Coverage (2 doses)	96
DPT3 coverage 2011 (vaccination among 12-23 month olds)	97
Postnatal care (within 48 hrs)	43

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 Malawi will receive US\$ 574.3 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 Malawi'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 Malawi this is calculated at US\$ 85.6 million, including US\$ 16.6 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. Malawi 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

Malawi has made good progress in scaling-up malaria control interventions and has been successful in attracting resources from the Global Fund. The country has made policy changes including the introduction of policies on Community Case Management of malaria and pneumonia. Malawi has also banned oral artemisinin-based monotherapies. Most of the malaria commodities required to achieve and sustain universal coverage in 2014 are financed. High coverage has been obtained for the tracer MNCH interventions, including DPT3 vaccination, vitamin A, exclusive breastfeeding, and PMTCT coverage. Malawi has achieved MDG4 by reducing under-five child mortality by over two thirds since 1990. Malawi has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Reproductive, Maternal, Newborn and Child Health Scorecard. Malawi was awarded a 2014 ALMA Award for Excellence in Implementation of Vector Control.

Impact

The annual reported number of malaria cases in 2012 was 3,659,565 with 5,516 deaths.

Key Challenge

- Delays in Global Fund disbursements have delayed programme implementation.

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