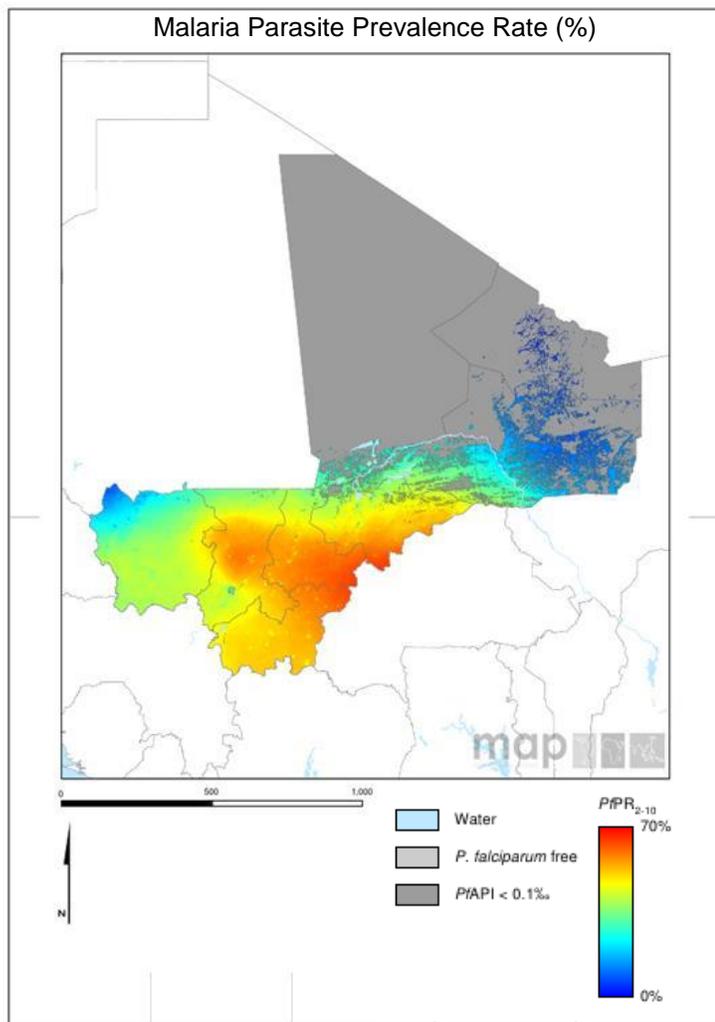


Scorecard for Accountability and Action



The entire population of Mali is at risk of malaria and over 80% of the population lives in high-transmission areas. Transmission is more intense in the south. The annual reported number of malaria cases in 2012 was 2,171,739 with 1,894 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)	99
Public sector ACT financing 2014 projection (% of need)	99
Operational LLIN/IRS coverage (% of at risk population)	▼ 61
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	59
Exclusive breastfeeding (% children < 6 months)	33
Vitamin A Coverage (2 doses)	96
DPT3 coverage 2011 (vaccination among 12-23 month olds)	72
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 Mali will receive US\$ 218.7 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 Mali this is calculated at US\$ 94.2 million, with no 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

Mali has banned oral artemisinin-based monotherapies and has introduced a policy on Community Case Management of pneumonia. Mali has secured resources to procure most of the LLINs, RDTs, and ACTs in 2014 required to achieve universal coverage. The country has achieved high coverage in the tracer MNCH intervention for vitamin A.

Impact

The annual reported number of malaria cases in 2012 was 2,171,739 with 1,894 deaths.

Key Challenges

- Delays in the Global Fund grant signature have affected achievement of national malaria goals.
- The lack of 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 Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	a) PMTCT: Identify and address policy, programmatic, and managerial barriers to progress including increasing both domestic and external investments. Ensure PMTCT services are integrated with RMNCH services and are available to all by removing obstacles such as user fees and ensuring that investments are made in scaling-up and creating demand for services	Q1 2013		The First Lady has organised advocacy days for the elimination of mother to child transmission of HIV. The country has committed domestic resources to contribute towards the cost of the PMTCT programme but there have been some delays in the procurement of essential commodities through the Global Fund. HMIS data indicate that 52% of pregnant women attending MNCH services were screened for HIV and know their results. Local reports indicate that 81% of HIV positive pregnant women are estimated to be receiving ARVs in 2013, and 95% of newborns received prophylactic ARV
	b) Prioritise collection of postnatal care data	Q1 2014		The country recommends postnatal follow up contacts by a trained provider for mother and newborn and recommends Kangaroo Mother Care for low birth weight newborns. Key strategies and guidelines are under revision. Regional trainers have been trained in PNC and this is rolling out to district level. Post natal care data are collected with 272,676 PNC consultations documented in 2012
	c) 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		The IYCF Strategy has been revised. A community based programme to promote breastfeeding by enhancing awareness has been put in place in 4 regions and will be scaled up further. The roll out of a national training programme for trainers, providers and community workers on IYCF and enhanced monitoring of the implementation of action and support groups to breastfeeding is ongoing

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Optimise quality of care	Address falling LLIN coverage	Q4 2014
Address funding	Ensure that GF resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q4 2014

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due