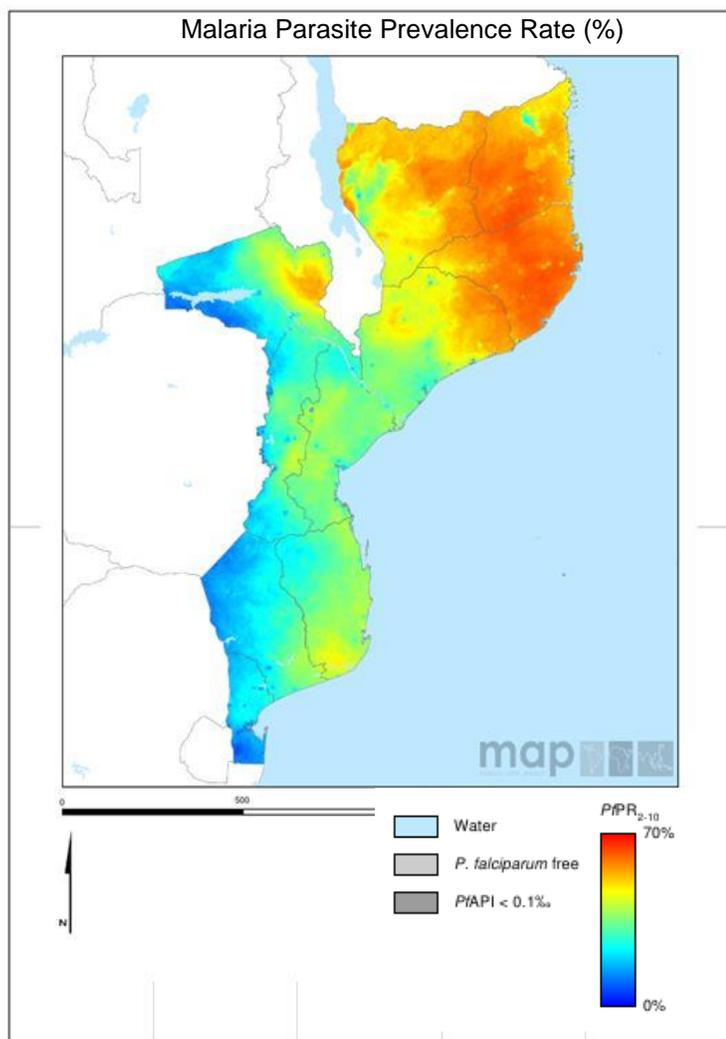


Scorecard for Accountability and Action



Malaria transmission is seasonal in almost all areas of Mozambique. The annual reported number of malaria cases in 2012 was 1,813,984 with 2,818 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)	3.4
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	100
Public sector RDT financing 2014 projection (% of need)	93
Public sector ACT financing 2014 projection (% of need)	100
Operational LLIN/IRS coverage (% of at risk population)	▲ 78
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)	86
% deliveries assisted by skilled birth attendant	55
Exclusive breastfeeding (% children < 6 months)	41
Vitamin A Coverage (2 doses)	No data/Not applicable
DPT3 coverage 2011 (vaccination among 12-23 month olds)	76
Postnatal care (within 48 hrs)	No data/Not applicable

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 Mozambique will receive US\$ 450.3 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 Mozambique'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 Mozambique this is calculated at US\$ 140.8 million, including US\$ 48.3 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. Mozambique 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

Mozambique has made steady progress in scaling-up malaria control interventions and has, in particular, been successful in attracting resources through the Global Fund to procure the required antimalarial commodities. Additionally, the country has made policy changes including the banning of oral artemisinin-based monotherapies. Policies on Community Case Management of malaria and pneumonia have been introduced. The country has secured sufficient financing to sustain universal coverage of ACTs, RDTs, and LLINs in 2014. Mozambique has also achieved high coverage of the tracer MNCH indicator PMTCT. Mozambique has demonstrated a 61% decline in the under-five mortality rate since 1990. The country has significantly enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

The annual reported number of malaria cases in 2012 was 1,813,984 with 2,818 deaths.

Key Challenges

- Supply chain management weaknesses are leading to either stock-outs or expiry of essential commodities.
- High staff turnover in recent years is affecting programme efficiency.

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