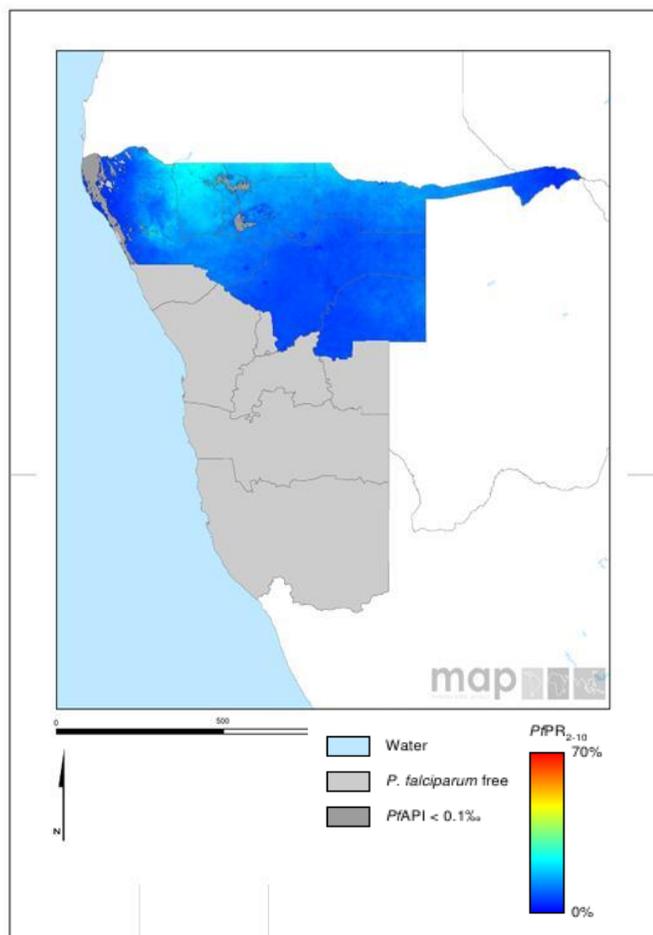


### Scorecard for Accountability and Action

Malaria Parasite Prevalence Rate (%)



Malaria transmission is confined to the north-east part of Namibia where malaria is endemic and about 72% of the population of the country is at risk. The annual reported number of malaria cases in 2011 was 3,163 with four 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)		
Commodities Financed, Implementation and Malaria Impact		
IRS financing 2014 (% of at-risk population)		100
Public sector RDT financing 2014 projection (% of need)		100
Public sector ACT financing 2014 projection (% of need)		100
IRS Operational Coverage (%)		94
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)		94
% deliveries assisted by skilled birth attendant		81
Exclusive breastfeeding (% children < 6 months)		24
Vitamin A Coverage (2 doses)		
DPT3 coverage 2011 (vaccination among 12-23 month olds)		82
Postnatal care (within 48 hrs)		65

#### 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 Namibia will receive US\$ 111.3 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 Namibia'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 Namibia this is calculated at US\$ 5.5 million, including just US\$ 518,686 of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Namibia 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**

Namibia has banned oral artemisinin-based monotherapies. Namibia has done well in mobilising resources for malaria control. Adequate funding for the required number of anti-malarial drugs, RDTs, LLINs, and IRS has been secured for 2014. Namibia has made significant progress in scaling-up malaria control interventions and has, in particular, sustained high levels of IRS whilst rolling out LLINs and expanded to universal parasitological diagnosis and treatment. The country has good coverage of tracer MNCH interventions, particularly PMTCT, skilled birth attendants, DPT3 vaccination, and postnatal care. Namibia has achieved a 47% reduction in under-five child mortality since 1990. Namibia was awarded a 2014 ALMA Award for Excellence in Implementation of Vector Control.

### **Impact**

Namibia has made significant progress in the fight against malaria. The number of probable and confirmed malaria cases reported annually decreased from 480,515 during 2001–2005 to only 3,163 cases in 2012. During the same period, a similar trend was observed in deaths: malaria deaths fell from 1,370 to four. As such, the country has achieved the global target of more than a 75% reduction in the malaria burden since 2000.

### **Key Challenge**

- Maintaining malaria high on the political and funding agenda as the disease burden continues to drop.

### Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH <sup>1</sup> : Optimise quality of care	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		There is a movement spearheaded by the Legal Assistance Center to extend maternity leave to six months to boost exclusive breastfeeding. Additionally, the country is working to integrate IYCF communication into the health extension package which is currently being rolled out

### New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q3 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

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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