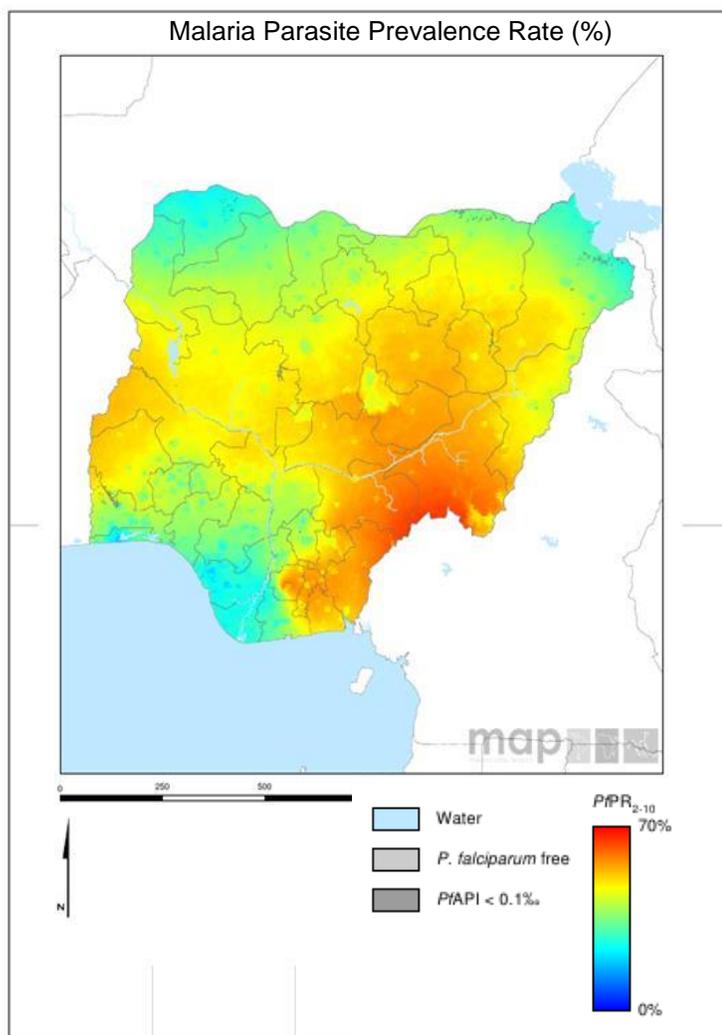


Scorecard for Accountability and Action



Malaria transmission in Nigeria takes place all year round in the south but is more seasonal in the northern regions. The annual reported number of malaria cases in 2012 was with 2,087,068 cases and 7,734 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)	2.9
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	100
Public sector RDT financing 2014 projection (% of need)	32
Public sector ACT financing 2014 projection (% of need)	91
Operational LLIN/IRS coverage (% of at risk population)	36
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)	17
% deliveries assisted by skilled birth attendant	49
Exclusive breastfeeding (% children < 6 months)	15
Vitamin A Coverage (2 doses)	73
DPT3 coverage 2011 (vaccination among 12-23 month olds)	47
Postnatal care (within 48 hrs)	38

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 Nigeria will receive US\$ 1.14 billion 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 Nigeria’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 Nigeria this is calculated at US\$ 499.5 million, including US\$ 316.3 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. Nigeria 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

Nigeria has banned oral artemisinin-based monotherapies and introduced a policy on Community Case Management for malaria and pneumonia. The country has secured significant resources including from the Global Fund, especially securing adequate resources to finance universal coverage of LLINs in 2014. The development of the Saving One Million Lives initiative in 2012 is expected to accelerate progress in tracer MNCH intervention coverage and the tracking of these indicators will be enhanced through the Saving One Million Lives Scorecard.

Impact

The annual reported number of malaria cases in 2012 was with 2,087,068 cases and 7,734 deaths.

Key Challenge

- Funding gaps to achieve and sustain universal coverage of all malaria interventions to 2015 and beyond.

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	Q3 2014