The entire population of Sierra Leone is at high risk of malaria. The annual reported number of malaria cases in 2012 was 1,537,322 with 3,611 deaths.
Urgent Global Fund Update

The Global Fund has announced that Sierra Leone will receive US$ 126.4 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 Sierra Leone’s disease burden and income level, as well as several other factors. The malaria component is 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 Sierra Leone this is calculated at US$ 67.4 million, including US$ 27.5 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. Sierra Leone 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

Sierra Leone has banned oral artemisinin-based monotherapies and has introduced policies on Community Case Management for both malaria and pneumonia. The country has secured sufficient resources to achieve universal coverage of LLINs in 2014. The country has made significant progress in tracer MNCH interventions including in PMTCT and exclusive breastfeeding and has high coverage of vitamin A and DPT3 vaccination. Sierra Leone 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 1,537,322 with 3,611 deaths.

Key Challenge

- Challenges in implementation, and systems weaknesses also impact programme goals.

Previous Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimise quality of care</td>
<td>Ensure LLINs currently under procurement are distributed as quickly as possible in order to address decreasing LLIN coverage</td>
<td>Q2 2014</td>
<td></td>
<td>Deliverable not yet due but LLINs funded by DFID, GF and the World Bank will arrive in-country by May</td>
</tr>
</tbody>
</table>
## New Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>Ensure the NFM concept note is submitted by Q1 2015 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years</td>
<td>Q1 2015</td>
</tr>
</tbody>
</table>

### Key
- **Green**: Action achieved
- **Yellow**: Some progress
- **Red**: No progress
- **Gray**: Deliverable not yet due