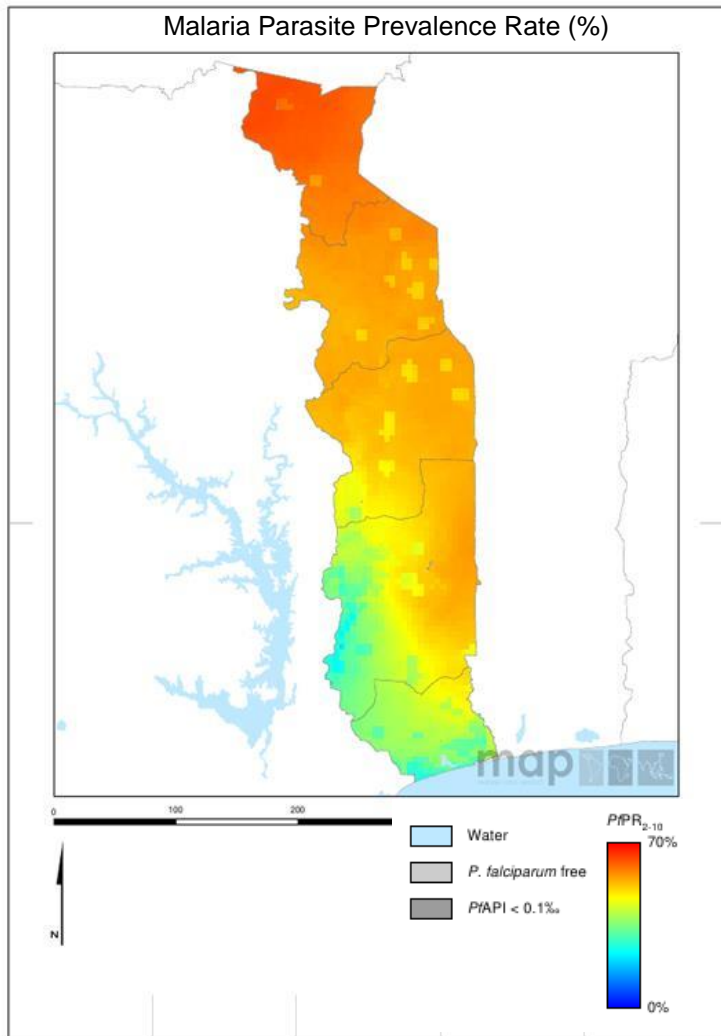


Scorecard for Accountability and Action



The entire population of Togo is at high risk of malaria. The annual reported number of malaria cases in 2012 was 697,374 with 1,197 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)	Not on track 2.7
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	Target achieved or on track 86
Public sector RDT financing 2014 projection (% of need)	Progress but more effort required 50
Public sector ACT financing 2014 projection (% of need)	Not on track 34
Operational LLIN/IRS coverage (% of at risk population)	Progress but more effort required 58
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	Progress but more effort required
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	Target achieved or on track 86
% deliveries assisted by skilled birth attendant	Progress but more effort required 59
Exclusive breastfeeding (% children < 6 months)	Target achieved or on track 62
Vitamin A Coverage (2 doses)	Not on track 22
DPT3 coverage 2011 (vaccination among 12-23 month olds)	Target achieved or on track 81
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 Togo will receive US\$ 113.2 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 Togo'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 Togo this is calculated at US\$ 52.2 million, including US\$ 17.9 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. Togo 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

Togo confirmed the banning of oral artemisinin-based monotherapies and has introduced policies for Community Case Management of malaria and pneumonia. Togo continues to make progress on tracer MNCH interventions, with high coverage in DPT3 vaccinations, PMTCT, and exclusive breastfeeding.

Impact

The annual reported number of malaria cases in 2012 was 697,374 with 1,197 deaths. Progress in reducing cases has been reported sub-nationally where interventions have been intensified.

Key Challenge

- Funding gaps exist for LLINs, RDTs and ACTs.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	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	Q1 2015