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.
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

<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>