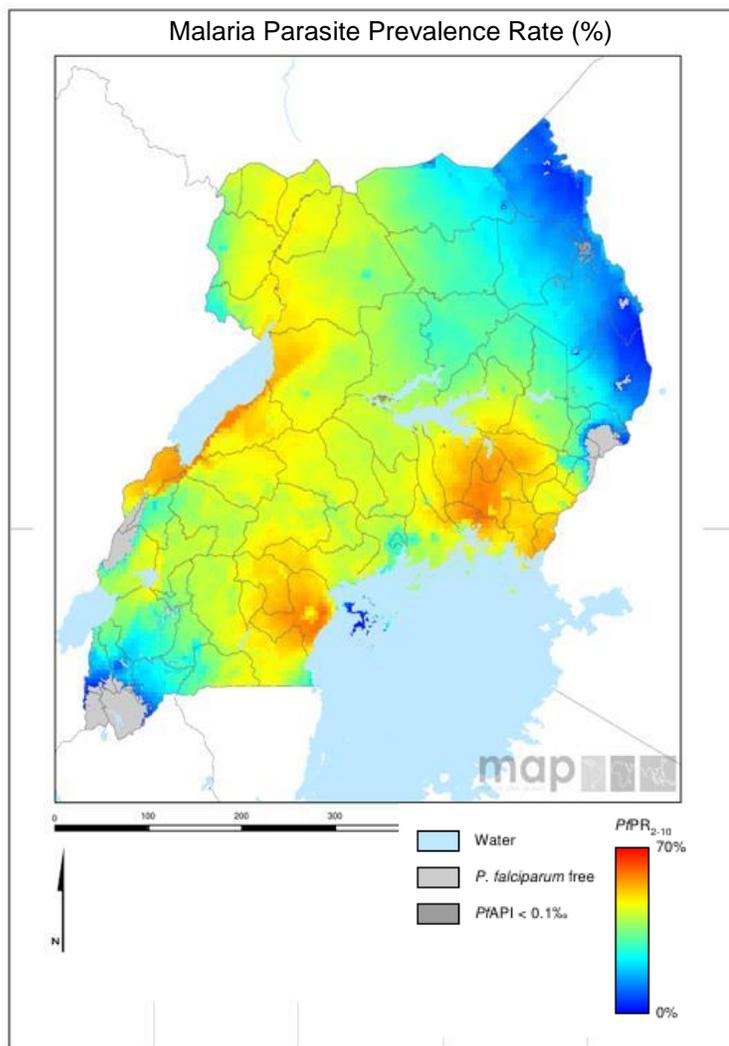


Scorecard for Accountability and Action



Malaria transmission occurs all year round in most parts of Uganda. The annual reported number of malaria cases in 2012 was 10,338,093 with 6,585 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)		3
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)		84
Public sector RDT financing 2014 projection (% of need)		100
Public sector ACT financing 2014 projection (% of need)		100
Operational LLIN/IRS coverage (% of at risk population)		86
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)		72
% deliveries assisted by skilled birth attendant		57
Exclusive breastfeeding (% children < 6 months)		63
Vitamin A Coverage (2 doses)		60
DPT3 coverage 2011 (vaccination among 12-23 month olds)		82
Postnatal care (within 48 hrs)		33

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 Uganda will receive US\$ 421 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 Uganda'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 Uganda this is calculated at US\$ 142.1 million, including US\$ 84.8 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. Uganda 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

Uganda has made steady progress in scaling-up malaria control interventions and has been successful in attracting resources through the Global Fund. Additionally, the country has made significant progress in policy issues including banning oral artemisinin-based monotherapies and introducing Community Case Management of malaria and pneumonia. The LLIN universal coverage campaign is currently rolling out country wide. The country has sufficient funding for the LLINs, ACTs, and RDTs needed in 2014. Uganda has improved PMTCT and DPT3 coverage and has a relatively high coverage of breastfeeding. The country has reduced the under-five mortality rate by 61% since 1990.

Impact

The annual reported number of malaria cases in 2012 was 10,338,093 with 6,585 deaths.

Key Challenge

- Weak monitoring and surveillance make it difficult to track progress and identify program weaknesses.

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