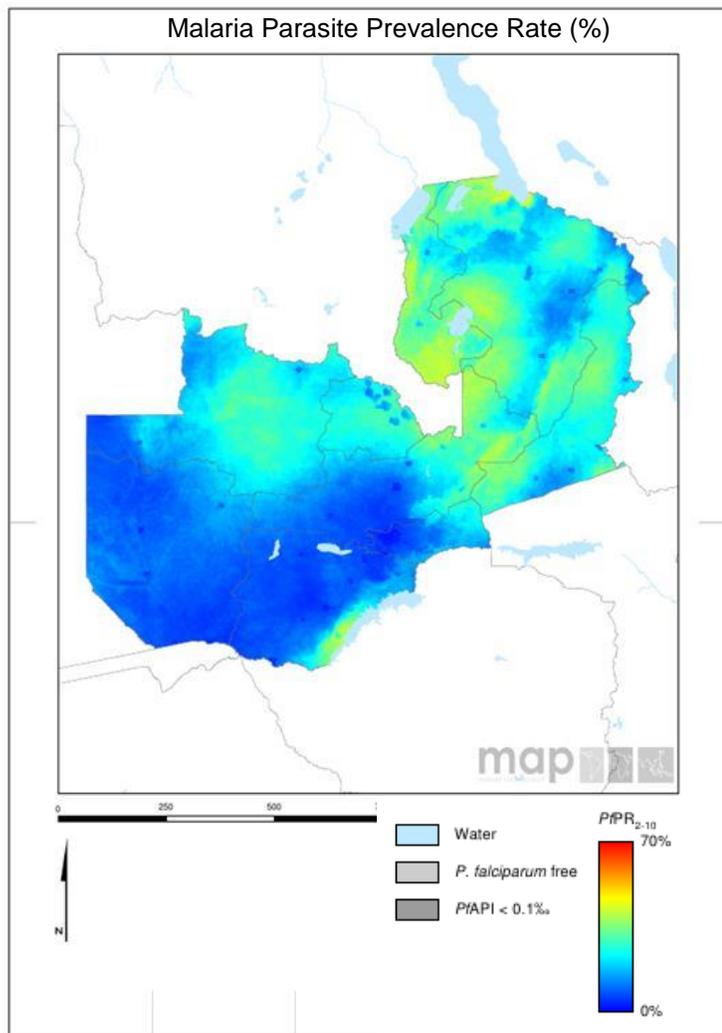


Scorecard for Accountability and Action



Malaria is endemic in all parts of Zambia and transmission is seasonal. The annual reported number of malaria cases in 2012 was 4,695,400 with 3,705 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)	3.2
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	94
Public sector RDT financing 2014 projection (% of need)	93
Public sector ACT financing 2014 projection (% of need)	100
Operational LLIN/IRS coverage (% of at risk population)	79
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)	95
% deliveries assisted by skilled birth attendant	47
Exclusive breastfeeding (% children < 6 months)	61
Vitamin A Coverage (2 doses)	72
DPT3 coverage 2011 (vaccination among 12-23 month olds)	81
Postnatal care (within 48 hrs)	39

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 Zambia will receive US\$ 296.7 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 Zambia'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 Zambia this is calculated at US\$ 53.3 million, including US\$ 51.5 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. Zambia 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

Zambia has made significant progress in scaling-up malaria control interventions. The country has achieved high coverage of case management of malaria, as well as LLINs. Zambia has banned oral artemisinin-based monotherapies and has introduced a policy on Community Case Management of malaria and pneumonia. The country has committed additional resources to ACT and RDT procurement and has secured the majority of the resources required to sustain universal coverage in 2014. Zambia has also made significant progress in tracer MNCH interventions, with high coverage of exclusive breastfeeding, PMTCT, and DPT3. Zambia has demonstrated a 54% decline in the under-five mortality rates since 1990.

Impact

The annual reported number of malaria cases in 2012 was 4,695,400 with 3,705 deaths. Zambia is projected to achieve a 50%–75% decrease in malaria incidence 2000–2015.

Key Challenge

- LLIN coverage is dropping.

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Optimise quality of care	Address falling LLIN coverage	Q3 2014
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