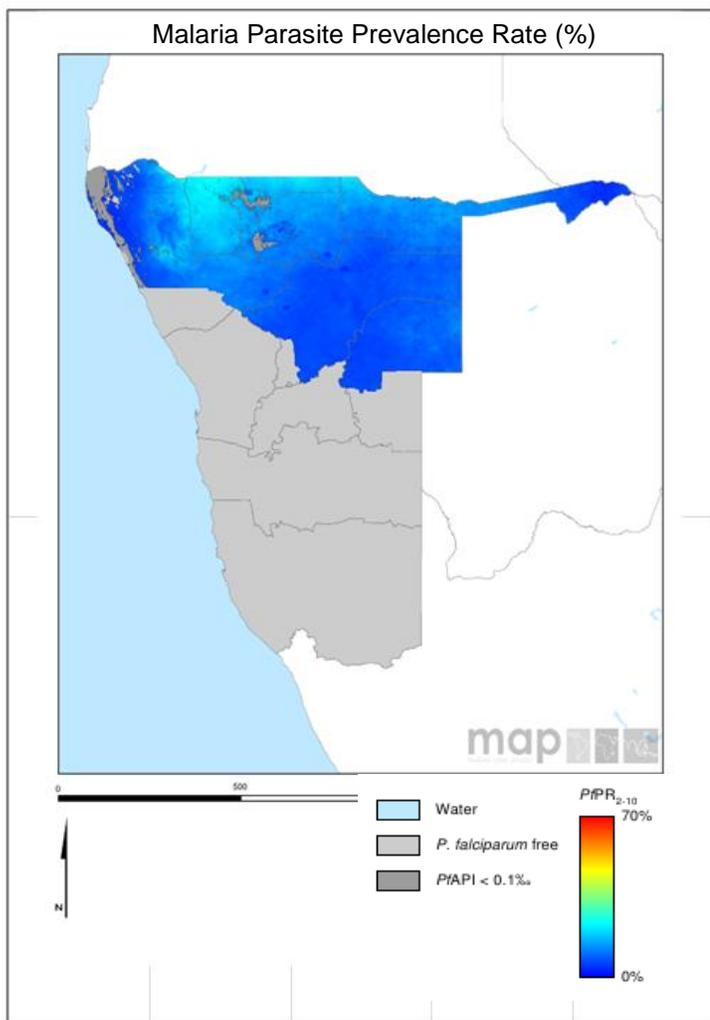


Scorecard for Accountability and Action



Malaria transmission is confined to the north-east part of Namibia where malaria is endemic and about 72% of the population of the country is at risk. The annual reported number of malaria cases in 2013 was 4,745 with 21 deaths.

Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2015)		
Community case management (Pneumonia)(2015)		
Community case management (Malaria)(2015)		
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)		
Commodities Financed, Implementation and Malaria Impact		
IRS financing 2015 (% of at-risk population)		100
Public sector RDT financing 2015 projection (% of need)		100
Public sector ACT financing 2015 projection (% of need)		100
IRS Operational Coverage (%)		
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)		90
% deliveries assisted by skilled birth attendant		88
Exclusive breastfeeding (% children < 6 months)		49
Vitamin A Coverage 2012 (2 doses)		
DPT3 coverage 2012 (vaccination among 12-23 month olds)		84
Postnatal care (within 48 hrs)		65

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data/Not applicable

Progress

Namibia has banned oral artemisinin-based monotherapies. Adequate funding for the required number of anti-malarial drugs, RDTs, LLINs, and IRS has been secured for 2015. Namibia has made significant progress in scaling-up malaria control interventions and has, in particular, sustained high levels of IRS whilst rolling out LLINs and expanded to universal parasitological diagnosis and treatment. The country has good coverage of tracer MNCH interventions, particularly PMTCT, DPT3 vaccination, and postnatal care. The country has recently increased coverage of exclusive breastfeeding and skilled birth attendants. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

Namibia has made significant progress in the fight against malaria. The number of probable and confirmed malaria cases reported annually decreased from 480,515 during 2001–2005 to only 4,745 cases in 2013. During the same period, a similar trend was observed in deaths: malaria deaths fell from 1,370 to 21. As such, the country has achieved the global target of more than a 75% reduction in the malaria burden since 2000. However the number of malaria cases in 2013 increased to 4,175 from 3,163 in 2012 and deaths increased in 2013 to 21 compared with four deaths in 2012.

Key Challenges

- Maintaining malaria high on the political and funding agenda as the disease burden continues to drop.
- Increases in malaria cases reported in 2014.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the GF New Funding Model concept note is submitted by Q4 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q4 2014		The country has adequate resources to sustain universal coverage of essential malaria control interventions and has decided not to submit a GF New Funding Model concept note
Optimise quality of care	Investigate the reasons for the increasing number of malaria cases in 2013 and 2014	Q4 2015		Deliverable not yet due but Namibia held an annual review and planning meeting and established a plan to improve vector control in Kavango region, where the increase in cases occurred

Namibia has responded positively to the recommended action addressing the lack of data on vitamin A coverage and continues to track progress as this action is implemented.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due