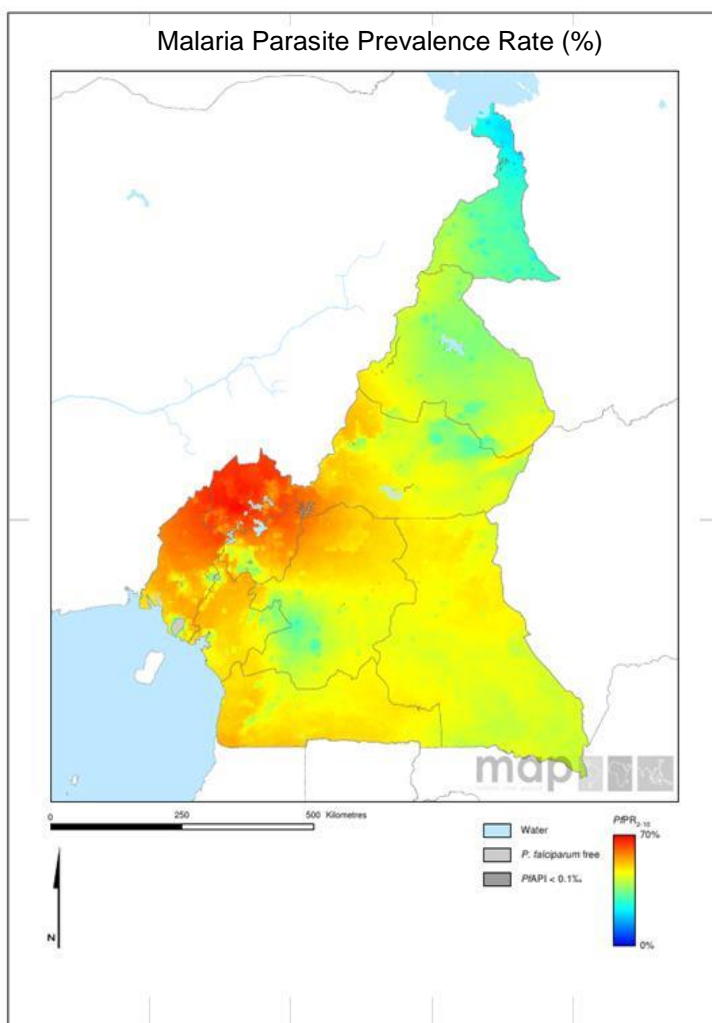


Scorecard for Accountability and Action



Malaria transmission occurs year round in Cameroon and is most intense in the south of the country. The annual reported number of malaria cases in 2012 was 313,315 with 3,209 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 2013 (CPIA Cluster D)	Not on track 2.9
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	Target achieved or on track 100
Public sector RDT financing 2014 projection (% of need)	Progress but more effort required 87
Public sector ACT financing 2014 projection (% of need)	Progress but more effort required 57
Operational LLIN/IRS coverage (% of at risk population)	Not on track 35
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	No data/Not applicable
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	Target achieved or on track 64
% deliveries assisted by skilled birth attendant	Progress but more effort required 64
Exclusive breastfeeding (% children < 6 months)	Not on track 20
Vitamin A Coverage 2012 (2 doses)	Target achieved or on track 88
DPT3 coverage 2012 (vaccination among 12-23 month olds)	Progress but more effort required 85
Postnatal care (within 48 hrs)	Progress but more effort required 37

Key

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

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Progress

Cameroon has banned the import and sale of oral artemisinin-based monotherapies and has introduced Community Case Management of malaria and pneumonia. The country has made significant improvements in the tracer MNCH intervention PMTCT coverage, DPT3 coverage as well as achieving high levels of vitamin A coverage.

Impact

The number of reported malaria cases in 2012 was 313,315 with 3,209 deaths.

Key Challenge

- Lack of sufficient resources for the 2015 LLIN campaign.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Address falling LLIN coverage and ensure funding gaps for the 2014 campaign are filled	Q1 2014		The country has secured financing for the LLIN campaign in 2015 through the GF NFM concept note. The country is working to secure domestic resources to support the LLIN distribution. The country has modified the LLIN specifications towards a more standard size and the significant savings as a result of this will fill outstanding coverage gaps
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, including enhanced domestic resource allocations	Q3 2014		The country has finalised the GF NFM concept note. The country has allocated its Global Fund resources to malaria in accordance with the proposed disease-specific allocation
Optimise quality of care	Investigate underlying causes for the recent reported malaria upsurges	Q2 2014		WHO supported the country in an analysis of the situation and findings have been taken into account by the malaria control programme

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	Ensure all facilities are baby friendly by implementing the ten steps to successful breastfeeding, providing follow-up support to breastfeeding mothers and enhancing community awareness	Q1 2013		No progress reported

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG