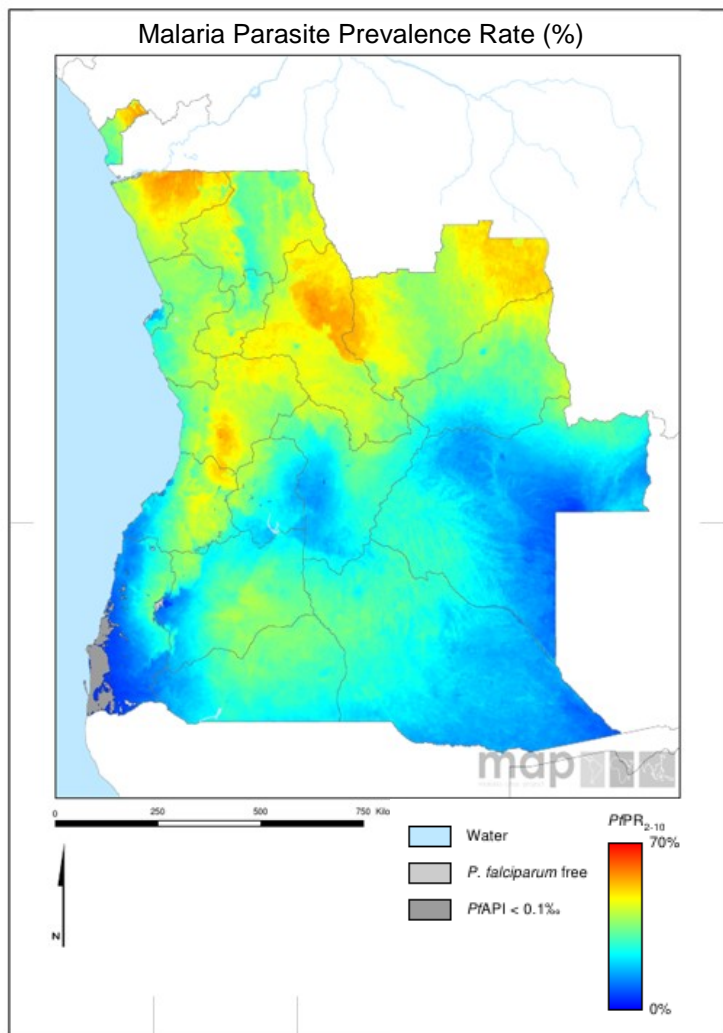


Scorecard for Accountability and Action



The entire population of Angola is at risk of malaria. The annual reported number of suspected malaria cases in 2013 was 3,144,100 with 7,300 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)		2.3
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2015 projection (% of need)	▼	43
Public sector RDT financing 2015 projection (% of need)	▼	50
Public sector ACT financing 2015 projection (% of need)		60
Operational LLIN/IRS coverage (% of at risk population)		67
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)		39
% deliveries assisted by skilled birth attendant		49
Exclusive breastfeeding (% children < 6 months)		11
Vitamin A Coverage 2012 (2 doses)		44
DPT3 coverage 2013 (vaccination among 12-23 month olds)		91
Postnatal care (within 48 hrs)		

Key

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

Progress

Angola has declared the intention to ban oral artemisinin-based monotherapies. The country has made good progress in the tracer MNCH indicator of DPT3 coverage.

Impact

The country reported 3,144,100 malaria cases with 7,300 malaria deaths in 2013. The number of malaria cases and deaths increased from 1,496,834 cases and 5,736 deaths in 2012.

Key Challenges

- The lack of new resources allocated to malaria control jeopardises the country's ability to sustain the gains made in the fight against malaria.
- ACT stock-outs.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Enact high level policy and strategy change	Finalise policy on Community Case Management of malaria and pneumonia	Q1 2014		The task shifting function for treatment and care of women and children has not been devolved to the CHWs. CHWs conduct health education and social mobilization
Optimise quality of care	Address the decreasing coverage of vector control	Q4 2015		Deliverable not yet due but the country reports that 3.7 million LLINs are financed for delivery in 2015
Address funding	Assess the implications of the lack of new funding through the GF and work to ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years, including through enhanced domestic resource commitments	Q3 2014		Angola submitted the GF New Funding Model concept note in April 2015. However, outstanding resource gaps remain to sustain coverage of essential malaria control interventions
MNCH ¹ : Optimise quality of care	Prioritise collection of postnatal care data	Q1 2014		The policy on Community Health Workers was developed in 2013 and recently approved and should enhance postnatal care coverage and data collection. There has also been increased emphasis on RMNCH including integration of services to increase coverage





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

Angola has responded positively to the recommended actions addressing low coverage of PMTCT and exclusive breastfeeding and continues to track progress as these actions are implemented.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Work to ensure that resources are allocated to malaria control at a level that is sufficient to ensure universal coverage of key interventions, including through enhanced domestic resource commitments	Q2 2016

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due