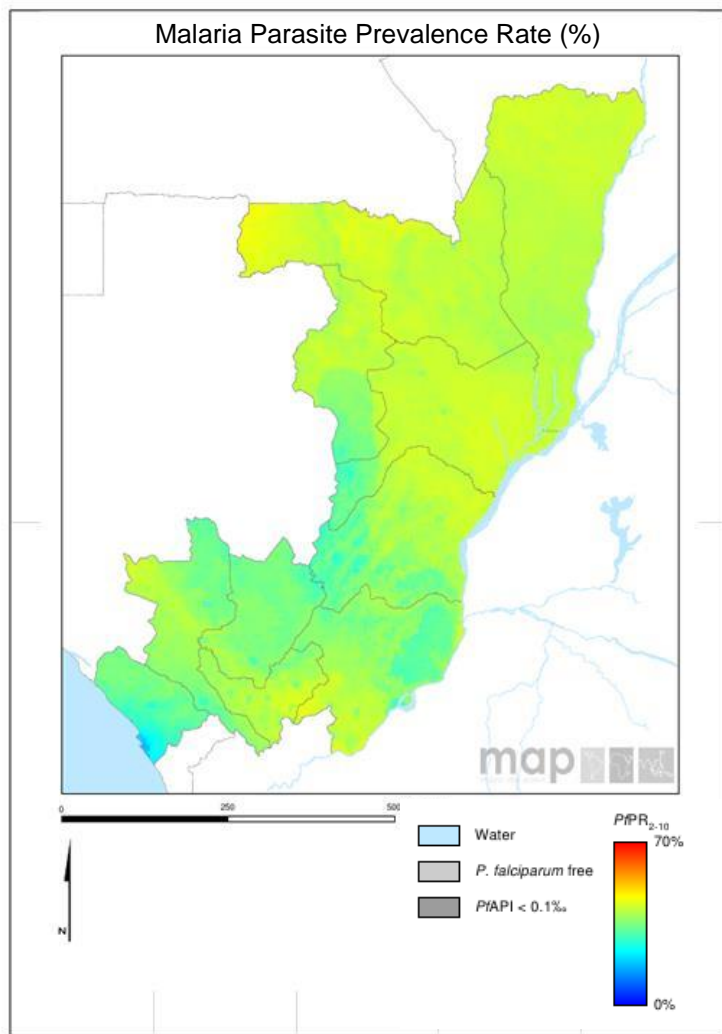


Scorecard for Accountability and Action



The entire population of the Republic of the Congo is at high risk of malaria and transmission is intense all year round. The annual reported number of malaria cases in 2012 was 117,640 with 623 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)	2.5
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	0
Public sector RDT financing 2014 projection (% of need)	60
Public sector ACT financing 2014 projection (% of need)	60
Operational LLIN/IRS coverage (% of at risk population)	38
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 2013 (% pregnant HIV pts receiving ARVs)	23
% deliveries assisted by skilled birth attendant	94
Exclusive breastfeeding (% children < 6 months)	21
Vitamin A Coverage 2012 (2 doses)	No data/Not applicable
DPT3 coverage 2012 (vaccination among 12-23 month olds)	85
Postnatal care (within 48 hrs)	68

Key

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

Progress

Congo introduced a policy of Community Case Management of malaria and pneumonia to bring treatment services closer to the population. The country has banned the marketing of oral artemisinin-based monotherapies. The country has made good progress in tracer MNCH interventions, particularly skilled birth attendants and postnatal care.

Impact

The annual reported number of malaria cases in 2012 was 117,640 with 623 deaths.

Key Challenge

- The lack of new resources allocated to malaria in the Global Fund New Funding Model jeopardises the country's ability to sustain the gains made in the fight against malaria.

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	Q2 2014		No progress reported
Address funding	Assess the implications of the lack of new malaria funding allocated through the Global Fund 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	Q3 2014		The country is planning to develop a business case for malaria control financing
MNCH ¹ : Enact high level policy and strategy change	a) Work to update the exclusive breastfeeding policy from 3 months to 6 months	Q3 2014		Breastfeeding coverage has increased to 21%
	b) Identify and address reasons for decreasing DPT3 coverage	Q2 2015		Deliverable not yet due

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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