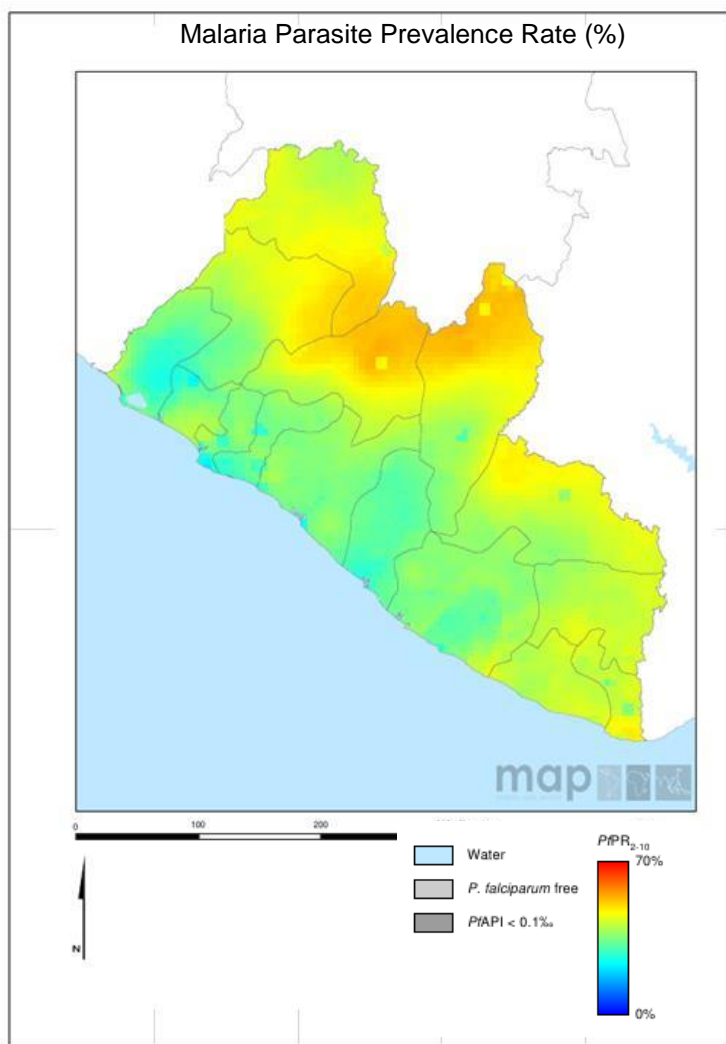


Scorecard for Accountability and Action



The entire population of Liberia is at high risk for malaria. Transmission is perennial in most of the country, particularly in the central and southern regions, and is intense for most months of the year. The annual reported number of malaria cases in 2012 was 1,407,455 with 1,725 deaths.

Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2014)		
Community case management (Pneumonia)		
Community case management (Malaria)		
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)		2.9
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)		70
Public sector RDT financing 2014 projection (% of need)		100
Public sector ACT financing 2014 projection (% of need)		96
Operational LLIN/IRS coverage (% of at risk population)		89
On track in 2012 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)		69
% deliveries assisted by skilled birth attendant		61
Exclusive breastfeeding (% children < 6 months)		55
Vitamin A Coverage 2012 (2 doses)		13
DPT3 coverage 2012 (vaccination among 12-23 month olds)		77
Postnatal care (within 48 hrs)		60

Key

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

### Progress

Liberia has made significant progress in malaria control. A ban has been introduced on the importation and sale of oral artemisinin-based monotherapies. Liberia has also introduced policies on Community Case Management of malaria and pneumonia. Liberia has secured most of the resources for procurement of antimalarial commodities in 2014. The country has achieved good coverage in the tracer MNCH indicators of postnatal care and PMTCT and has increased coverage of skilled birth attendants, DPT3 vaccination and exclusive breastfeeding. Liberia has achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990. Liberia has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Reproductive, Maternal, Newborn and Child Health Scorecard.

### Impact

The annual reported number of malaria cases in 2012 was 1,407,455 with 1,725 deaths.

### Key Challenge

- Sustaining the coverage of essential health services during the ebola outbreak.

### Previous Key Recommended Actions





Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Ensure LLINs currently under procurement are distributed as quickly as possible in order to address decreasing LLIN coverage	Q2 2014		900,000 LLINs delivered in the last quarter and others are on track to be delivered. Plans are underway to accelerate the LLIN campaign beginning in the areas most affected by the Ebola outbreak
MNCH <sup>1</sup> : Optimise quality of care	Identify and address reasons for decreasing vitamin A coverage	Q2 2015		Deliverable not yet due
Address funding	Ensure the NFM concept note is submitted by Q1 2015 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q1 2015		Deliverable not yet due

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

## New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Optimise quality of care	Explore opportunities for sustaining malaria programming during the ebola crisis	Q1 2015
MNCH <sup>1</sup> : Optimise quality of care	Identify and address reasons for decreasing PMTCT coverage	Q3 2015

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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