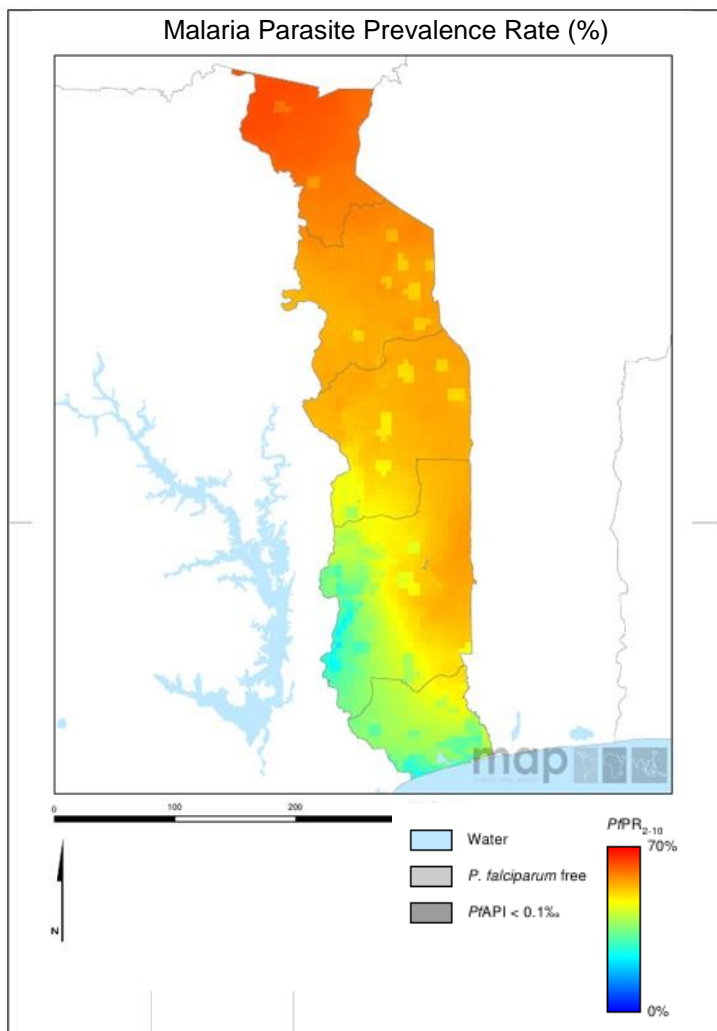


Scorecard for Accountability and Action



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 2014 (CPIA Cluster D)		2.6
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2015 projection (% of need)	▲	100
Public sector RDT financing 2015 projection (% of need)	▼	68
Public sector ACT financing 2015 projection (% of need)		100
Operational LLIN/IRS coverage (% of at risk population)		100
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PM TCT coverage 2014 (% pregnant HIV pts receiving ARVs)	▲	87
% deliveries assisted by skilled birth attendant		59
Exclusive breastfeeding (% children < 6 months)		57
Vitamin A Coverage 2012 (2 doses)		64
DPT3 coverage 2013 (vaccination among 12-23 month olds)		84
Postnatal care (within 48 hrs)		

The entire population of Togo is at high risk of malaria. The annual reported number of malaria deaths in 2013 was 1,361.

Key

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

Togo ALMA Quarterly Report Quarter Three, 2015



Progress

Togo confirmed the banning of oral artemisinin-based monotherapies and has introduced policies for Community Case Management of malaria and pneumonia. The country has secured sufficient resources to achieve universal coverage of LLINs, RDTs, and ACTs in 2015. Togo continues to make progress on tracer MNCH interventions, with high coverage in DPT3 vaccinations and has increased coverage of PMTCT. Togo was awarded a 2015 ALMA Award for Most Improved in Malaria Control.

Impact

The annual reported number of malaria deaths in 2013 was 1,361. Progress in reducing cases has been reported sub-nationally where interventions have been intensified.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Address the decreasing coverage of vector control	Q2 2015		Togo reports that during the mass distribution campaign of LLINs in September 2014, 4,297,144 LLINs were distributed thus covering 92.6% of at risk population
MNCH ¹ : Optimise quality of care	a) Identify and address reasons for decreasing PMTCT coverage	Q3 2015		Togo has increased PMTCT coverage from 75% in 2013 to 87% in 2014
	b) Investigate and address the reasons for the decreasing coverage of exclusive breastfeeding	Q4 2015		Deliverable not yet due
Enact high level policy and strategy change	Improve rule-based governance, quality of budgetary and financial management, efficiency of revenue mobilisation, quality of public administration, and transparency and accountability in the public sector	Q2 2014		No progress reported





Togo has responded positively to the recommended action addressing the lack of data for postnatal care and continues to track progress as this action is implemented.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Optimise quality of care	Work to fill the outstanding gaps required to sustain full coverage of RDTs	Q1 2016

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

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due