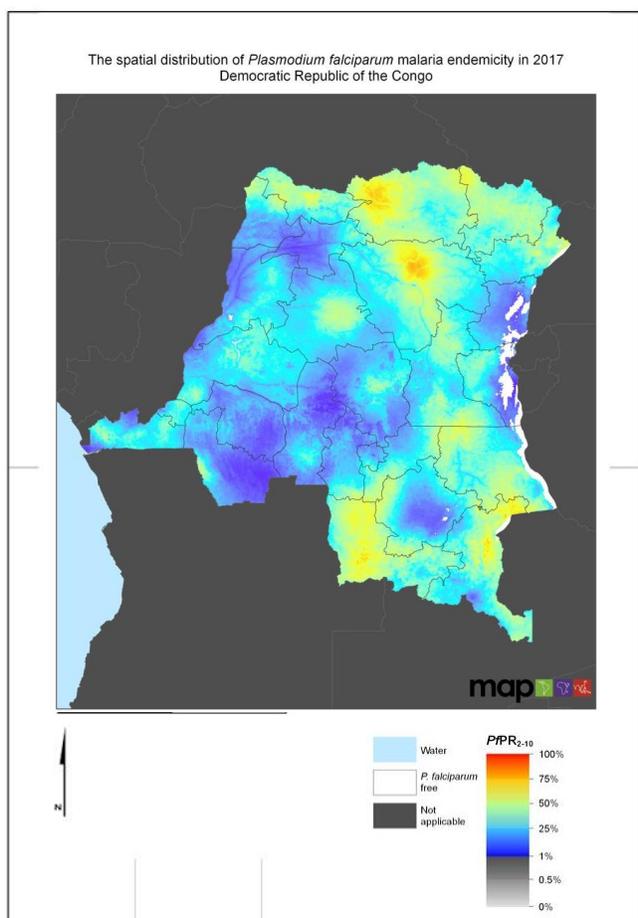


Scorecard for Accountability and Action



The entire population of the Democratic Republic of Congo is at high risk of malaria and transmission is intense year round with seasonal variations. The annual reported number of malaria cases in 2017 was 15,272,767 with 27,458 deaths.

Metrics

Commodities Financed and Financial Control	
LLIN financing 2019 projection (% of need)	100
Public sector RDT financing 2019 projection (% of need)	55
Public sector ACT financing 2019 projection (% of need)	59
World Bank rating on public sector management and institutions 2018 (CPIA Cluster D)	2.5
Insecticide Resistance Monitoring, Implementation and Impact	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	4
Insecticide resistance monitored since 2015 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2017)	
Operational LLIN/IRS coverage (% of at risk population)	100
Change in Estimated Malaria Incidence(2010–2017)	
Change in Estimated Malaria Mortality rate(2010–2017)	
Tracer Indicators for Maternal and Child Health and NTDs	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2017)	54
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2018)	57
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2018)	25
% deliveries assisted by skilled birth attendant	80
Postnatal care (within 48 hrs)	44
Exclusive breastfeeding (% children < 6 months)	47
Vitamin A Coverage 2017 (2 doses)	1
DPT3 coverage 2018 (vaccination among 0-11 month olds)	81

Key

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

## **Malaria**

### **Progress**

The Democratic Republic of Congo has procured sufficient LLINs to achieve 100% operational coverage of the targeted at risk population. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. The country has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control Scorecard. The country is also showing leadership in malaria control through its participation in the High Burden High Impact approach.

### **Impact**

The annual reported number of malaria cases in 2016 was 15,272,767 with 27,458 deaths.

### **Key Challenge**

- Resource gaps to fully implement the national strategic plan.

### **Previous Key Recommended Action**

The country has responded positively to the recommended actions addressing CPIA cluster D and need to investigate and address the reasons for the increase in estimated malaria incidence between 2010 – 2017 and continues to track progress as these actions are implemented.

## **RMNCAH and NDTs**

### **Progress**

The Democratic Republic of Congo has achieved high coverage in the tracer RMNCAH intervention of skilled birth attendants. The country has enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Democratic Republic of the Congo is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Democratic Republic of the Congo is good for schistosomiasis (80%), onchocerciasis (77%), soil transmitted helminths (76%) and for lymphatic filariasis (71%). However, the coverage is low for trachoma (14%). Overall, the NTD preventive chemotherapy coverage index for the Democratic Republic of the Congo in 2017 is 54, which represents substantial increase compared with the 2016 index value (44).

## Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH <sup>1</sup> : Optimise quality of care	Investigate and address the reasons for the reported decrease in Vitamin A coverage in 2016	Q2 2019		DRC reports there were several reason for low vitamin A coverage. A decrease of one third of funding to vitamin A has led much of the country to shift from routine to campaign distribution, with 13 out of 24 Provinces supplementing through campaigns in 2018. There are also frequent stockouts on vitamin A due to challenges in the supply chain system. To address these issues, the DRC has developed a 2 year implementation plan for vitamin A and is working to sensitize local leaders, while advocating for increased funding from government and partners. The country reports that in 2018 vitamin A coverage increased to 71% during the first phase of distribution.

The country has responded positively to the RMNCAH recommended actions addressing accelerating coverage of ARTs in children, and continues to track progress as this action is implemented.

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

<sup>1</sup> RMNCAH metrics, recommended actions and response tracked through WHO