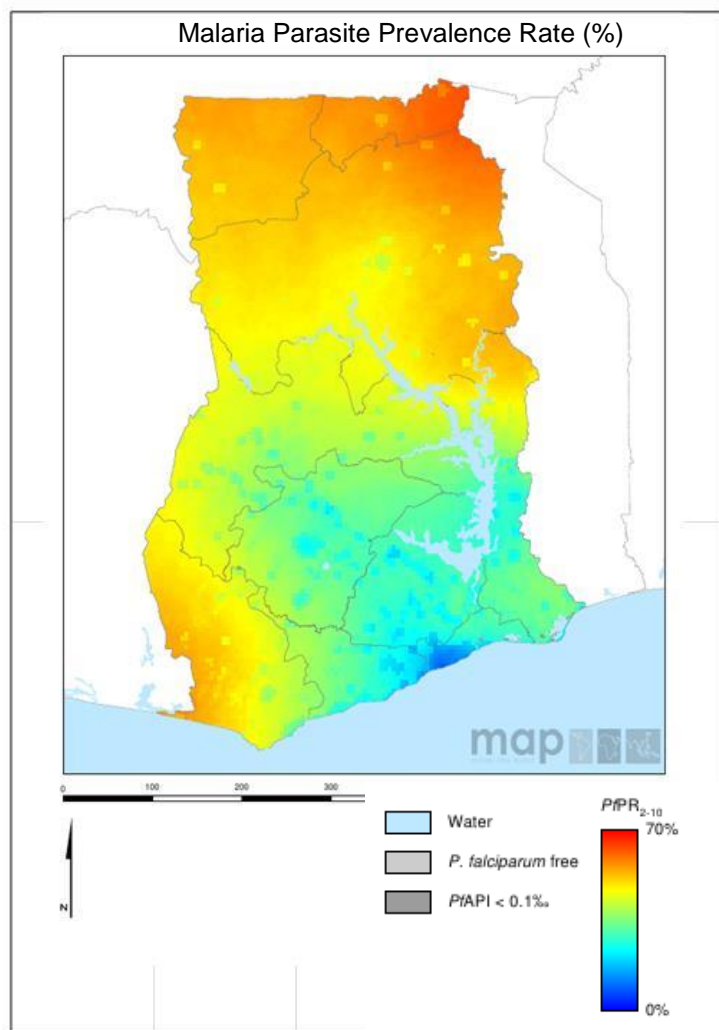


Scorecard for Accountability and Action



The entire population of Ghana is at risk of malaria. The annual reported number of malaria cases in 2013 was 7,200,797 with 2,506 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Target achieved or on track
Community case management (Pneumonia)(2014)	Target achieved or on track
Community case management (Malaria)(2014)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)	3.7
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	80
Public sector RDT financing 2014 projection (% of need)	100
Public sector ACT financing 2014 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)	No data/Not applicable
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)	62
% deliveries assisted by skilled birth attendant	68
Exclusive breastfeeding (% children < 6 months)	46
Vitamin A Coverage 2012 (2 doses)	17
DPT3 coverage 2012 (vaccination among 12-23 month olds)	92
Postnatal care (within 48 hrs)	83

Key

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

Progress

Ghana has banned the import and sale of oral artemisinin-based monotherapies and has introduced policies of Community Case Management of malaria and pneumonia. Ghana secured sufficient resources for most of the antimalarial commodities required to sustain coverage in 2014. The country has achieved high coverage of tracer MNCH interventions, in particular PMTCT and DPT3 vaccination, and postnatal care. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

The annual reported number of malaria cases in 2013 was 7,200,797 with 2,506 deaths.

Key Challenge





- The lack of significant new resources allocated to malaria in the Global Fund New Funding Model jeopardises the country's ability to sustain the impressive 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
MNCH ¹ : Optimise quality of care	a) Identify and address reasons for decreasing vitamin A coverage	Q2 2015		Routine vitamin A distribution is not being accurately captured at community level by health workers leading to under reporting. Additionally, stock-outs have also contributed to the reduced coverage levels. These two issues are being addressed by integrating vitamin A into the EPI logistics system whilst working to enhance data collection by community health workers. Recent data from the country indicate that coverage has increased to 96%
	b) Identify and address reasons for decreasing PMTCT coverage	Q3 2015		The reported drop in PMTCT coverage was due to shortages in HIV related commodities particularly delays in the delivery of test kits, largely due to funding gaps. This bottleneck has now been resolved

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

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due