

Scorecard for Accountability and Action

Metrics

Commodities Financed and Financial Control

LLIN financing 2016 projection (% of need)	70
Public sector RDT financing 2016 projection (% of need)	100
Public sector ACT financing 2016 projection (% of need)	100
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	

Insecticide Resistance Monitoring, Implementation and Impact

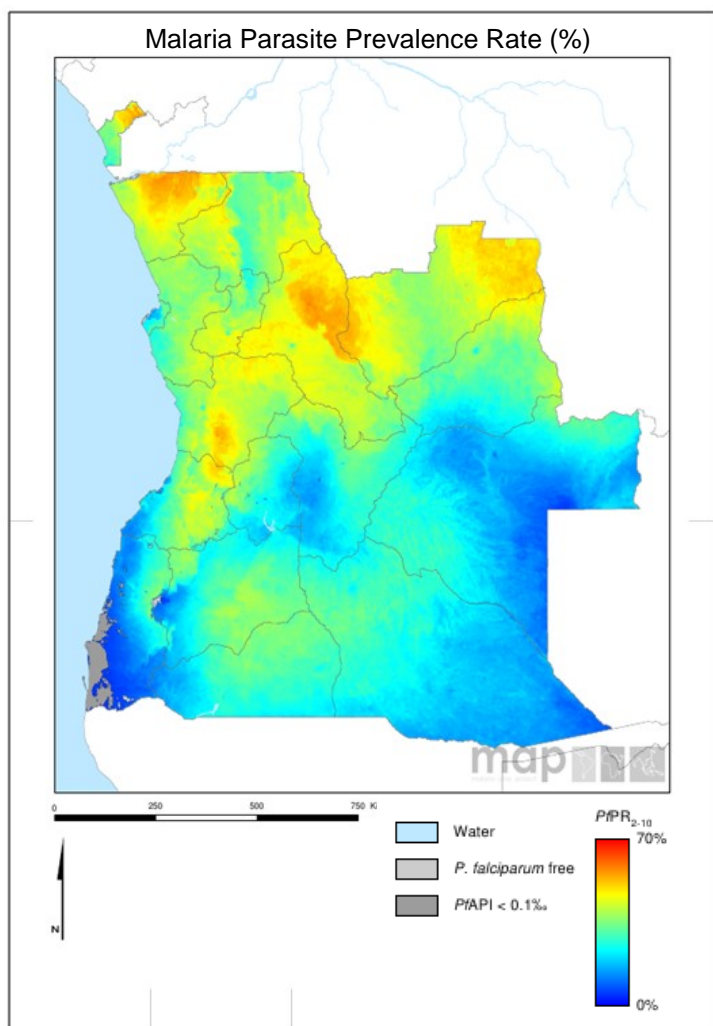
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	3
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2013)	
Operational LLINIRS coverage (% of at risk population)	41
>75% Decrease in Malaria Incidence Projected 2000–2015	

Tracer Indicators for Maternal and Child Health

Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	29
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	24
% deliveries assisted by skilled birth attendant	47
Postnatal care (within 48 hrs)	
Exclusive breastfeeding (% children < 6 months)	
Vitamin A Coverage 2014 (2 doses)	6
DPT3 coverage 2015 (vaccination among 0-11 month olds)	64

Key

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



The entire population of Angola is at risk of malaria. The annual reported number of suspected malaria cases in 2014 was 3,180,021 with 5,714 deaths.

Malaria

Progress

Angola has reprogrammed and re-prioritised its resources, filling the majority of the malaria commodity gaps previously identified. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO.

Impact

Angola reported 3,180,021 malaria cases with 5,714 malaria deaths in 2014. The number of malaria deaths decreased from 7,300 in 2013. WHO, through modeling, estimates Angola has achieved a 50%-75% decrease in incidence between 2000 and 2015.

Key Challenges

- Malaria upsurges have been reported.
- There is a need to strengthen cross border collaboration with neighbouring countries.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector Control	Given the reported mosquito resistance to 3 classes of insecticide, urgently finalise and implement the national insecticide resistance monitoring and management plan	Q1 2017		Deliverable not yet due
Address malaria upsurge	Investigate and address the reasons for the increase in malaria cases	Q4 2016		Deliverable not yet due. Over 1 million additional ACTs have been distributed to affected areas, funded by PMI and the Government of Angola. RDTs are being used at the periphery and data collection and reporting has been enhanced. The country mounted a multisectoral response to the upsurge and decreases have been reported

The country has responded positively to finalising the policy on Community Case Management of malaria and pneumonia as well as ensuring that resources are allocated to malaria control, including through enhanced domestic resource commitments.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Vector Control	Address the decrease in vector control coverage	Q3 2017

MNCH

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	Work to accelerate coverage of ARTs in the total population and in children under 14 years of age	Q1 2017		Deliverable not yet due but the country reports a 4% increase in ART coverage in the whole population and a 6% increase in children

Angola has responded positively to the MNCH recommended actions addressing the lack of data on exclusive breastfeeding and postnatal care and continues to track progress as these actions are implemented.

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Identify and address reasons for decreasing vitamin A coverage	Q3 2017

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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