There is intense malaria transmission all year round in the Central African Republic and the entire population of the country is at high risk. The annual reported number of malaria cases in 2019 was 2,708,497 with 2,017 deaths.

### Scorecard for Accountability and Action

#### Metrics

<table>
<thead>
<tr>
<th>Commodity/Indicator</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>LLIN financing 2021 projection (% of need)</td>
<td>100</td>
</tr>
<tr>
<td>Public sector RDT financing 2021 projection (% of need)</td>
<td>100</td>
</tr>
<tr>
<td>Public sector ACT financing 2021 projection (% of need)</td>
<td>100</td>
</tr>
<tr>
<td>World Bank rating on public sector management and institutions 2019 (CPIA Cluster D)</td>
<td>2.4</td>
</tr>
</tbody>
</table>

#### 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: Red
- National Insecticide Resistance Monitoring and Management Plan: Red
- RDTs in stock (>9 months stock): Green
- ACTs in stock (>9 months stock): Green
- LLINIRS campaign on track: Green
- Country Reporting Launch of Zero Malaria Starts with Me Campaign: Green
- Scale of implementation of ICCM: Green
- Operational LLINIRS coverage (% of at risk population): 100%
- On track to reduce case incidence by >40% by 2020 (vs 2018): Red
- On track to reduce case mortality by >40% by 2020 (vs 2018): Yellow

#### Tracer Indicators for Maternal and Child Health and NTDs

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass Treatment Coverage for Neglected Tropical Disease (NTD index, % (2019))</td>
<td>60</td>
</tr>
<tr>
<td>Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2019)</td>
<td>46</td>
</tr>
<tr>
<td>Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2019)</td>
<td>46</td>
</tr>
<tr>
<td>% deliveries assisted by skilled birth attendant</td>
<td>45</td>
</tr>
<tr>
<td>Postnatal care (within 48 hrs)</td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding (% children &lt; 6 months)</td>
<td>33</td>
</tr>
<tr>
<td>Vitamin A Coverage 2018 (2 doses)</td>
<td>35</td>
</tr>
<tr>
<td>DPT3 coverage 2019 (vaccination among 0-11 month olds)</td>
<td>47</td>
</tr>
</tbody>
</table>

### Key

- Target achieved or on track
- Progress but more effort required
- Not on track
- No data
- Not applicable
Malaria
Sustaining Essential Health Services During the COVID-19 Pandemic
The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health, Neglected Tropical Diseases and malaria.

For Central African Republic, it was of vital importance to ensure that the rolling long-lasting insecticidal net (LLIN) distribution campaigns due in 2020 were completed on schedule. The country is congratulated for successfully completing the LLIN campaign. Under the worst-case scenario, in which all ITN campaigns were suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO had estimated that there could have been an 11.2% increase in malaria cases, and a 41.9% increase in malaria deaths in Central Africa Republic. This scenario would have represented a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

It is essential to ensure the continuity of malaria, RMNCAH and NTD services in 2021 as the COVID-19 pandemic continues to impact our continent. This may include the implementation of necessary catch-up activities and ensuring timely planning to account for potential delays in procurement and delivery. Any intervention must ensure the safety of communities and health workers given the ease of transmission of COVID-19.

Progress
Central African Republic has procured sufficient LLINs to achieve universal operational coverage of the targeted at risk population. Central African Republic has recently submitted insecticide resistance monitoring data to WHO. The ACTs, RDTs and LLINs needed for 2021 are fully financed, and the country reports good stocks of core commodities.

Impact
The annual reported number of malaria cases in 2019 was 2,708,497 with 2,017 deaths.

Key Challenges
- Limited access to some at-risk populations is hampering coverage of malaria control interventions.
- Limited resources to further scale-up interventions.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health, malaria and Neglected Tropical Diseases.
### Previous Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
<td></td>
<td>The country successfully completed the 2020 LLIN campaigns, and implemented the distribution taking into account the necessary COVID-19 precautions. CAR has secured adequate stocks of ACTs and RDTs although there were delays in the delivery of these commodities. The costs of implementing malaria control increased due to COVID-19. The country reports that there was no interruption in services during the pandemic, whilst community case management has been intensified</td>
</tr>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the increase in estimated malaria incidence between 2015 and 2019, which means that the country is not on track to achieve the 2020 target of a 40% reduction in malaria incidence</td>
<td>Q4 2021</td>
<td></td>
<td>The country experienced a malaria upsurge in 2019, attributed to delayed delivery in mosquito nets. The new Global Fund grant supports further scale up of key malaria interventions</td>
</tr>
</tbody>
</table>

Central African Republic has responded positively to the recommended action on development and implementation of a national insecticide resistance monitoring and management plan and reporting on the status of insecticide resistance monitoring to WHO.

### RMNCAH and NTDs

Progress in addressing Neglected Tropical Diseases (NTDs) in Central African Republic 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 Central African Republic is high for schistosomiasis (94%) and for soil transmitted helminths schistosomiasis (86%), good for onchocerciasis (66%), low for trachoma (35%) and for lymphatic filariasis (40%). Overall, the NTD preventive chemotherapy coverage index for Central African Republic in 2019 is 60 and this represents substantial increase compared with the 2018 index value (33).
Central African Republic has responded positively to the recommended action on reporting NTD data to WHO. The country has also responded to the RMNCAH recommended actions addressing low coverage of ARTs in the whole population and in children, with a resulting increase of 3% and 4% respectively over the last year; vitamin A coverage, which has increased, and coverage of skilled birth attendants, and lack of data for post-natal care, and continues to track progress as this action is implemented.

Key

- **Action achieved**
- **Some progress**
- **No progress**
- **Deliverable not yet due**

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1 RMNCAH metrics, recommended actions and response tracked through WHO