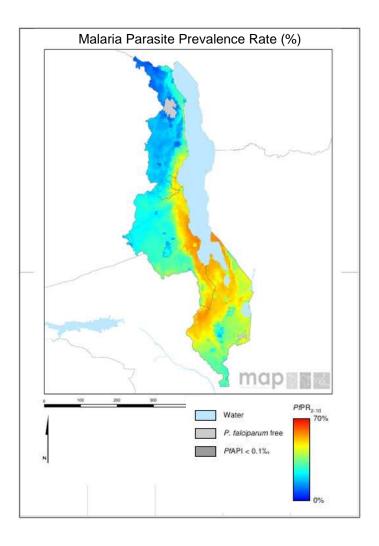
Malawi ALMA Quarterly Report Quarter Four, 2016



Scorecard for Accountability and Action

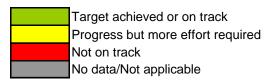


Metrics

Commodities Financed and Financial Control					
LLIN financing 2016 projection (% of need)	71				
Public sector RDT financing 2016 projection (% of need)					
Public sector ACT financing 2016 projection (% of need)					
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)					
Insecticide Resistance Monitoring, Implementation and In	npact				
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 (2016)					
Operational LLIN/IRS coverage (% of at risk population)	100				
Estimated change in malaria incidence rate (2010–2015)					
Estimated change in malaria mortality rate (2010–2015)					
Tracer Indicators for Maternal and Child Health					
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	61				
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	61				
% deliveries assisted by skilled birth attendant	90				
Postnatal care (within 48 hrs)	39				
Exclusive breastfeeding (% children < 6 months)	61				
Vitamin A Coverage 2014 (2 doses)					
DPT3 coverage 2015 (vaccination among 0-11 month olds)	88				

Malaria is endemic in all parts of Malawi. The annual reported number of malaria cases in 2015 was 4,933,416 with 3,799 deaths.

Key



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Malaria

Global Fund Update

The Global Fund has announced that Malawi will receive US\$ 450.4 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. The Global Fund has determined the total allocation amount based on Malawi's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Malawi this is calculated at US\$ 70.7 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Malawi is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain the gains made in recent years.

Progress

Malawi has secured sufficient resources to finance the majority of the ACTs and RDTs required for 2016. Sufficient LLINs have been procured to achieve 100% operational coverage and the country rolled out the universal coverage campaign in the first quarter of 2016. Malawi has scaled up iCCM. Malawi has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO.

Impact

The annual reported number of malaria cases in 2015 was 4,933,416 with 3,799 deaths. WHO estimates that the country has achieved a decrease of greater than 40% in the malaria incidence rate and a decrease of 20-40% in the malaria mortality rate for the period 2010 - 2015.

Previous Key Recommended Action

Malawi has responded to the recommended action addressing the status of the national insecticide resistance monitoring and management plan.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the GF malaria funding application is submitted by Q2 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2017

MNCH

Progress

High coverage has also been obtained for the tracer MNCH interventions, including coverage of skilled birth attendants, exclusive breastfeeding, DPT3 and vitamin A. Malawi has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Reproductive, Maternal, Newborn and Child Health Scorecard.

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	Q3 2017		Budget cuts led to reduced coverage of outreach activities. Funding support from GAVI is expected to reverse this reduction in 2017
	b) Identify and address reasons for decreasing exclusive breastfeeding coverage	Q3 2017		The National Nutrition Policy and Nutrition Strategic Plan have been reviewed, costed and aligned with the SDGs. The Infant and Young Child Nutrition Strategy, the Nutrition Education and Communication Strategy, nutrition profiles and advocacy and nutrition-oriented materials are under review in 2016. The country is preparing a comprehensive nutrition advocacy strategy to be rolled out at the national and district level

Malawi has responded positively to the MNCH recommended actions addressing low coverage of postnatal care and continues to track progress as these actions are implemented.



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