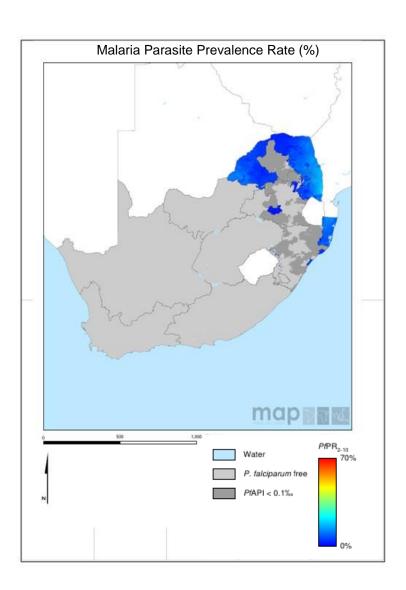
# **South Africa ALMA Quarterly Report Quarter Three, 2015**



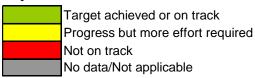
### **Scorecard for Accountability and Action**



| Policy and Financial Control   |      |      |
|--|------|------|
| Oral Artemisinin Based Monotherapy Ban status<br>(2015)                        |      |      |
| Community case management (Pneumonia)(2015)                                    |      |      |
| Community case management (Malaria)(2015)                                      |      |      |
| World Bank rating on public sector mgmt and institutions 2014 (CPIA Cluster D) |      |      |
| Commodities Financed, Implementation and Malaria                               | Imp  | pact |
| IRS financing 2015 (% of at-risk population)                                   |      | 100  |
| Public sector RDT financing 2015 projection (% of need)                        |      | 100  |
| Public sector ACT financing 2015 projection (% of need)                        |      | 100  |
| IRS Operational Coverage (%)   |      | 87   |
| On track in 2013 to Reduce Malaria Incidence by<br>>75% by 2015 (vs 2000)      |      |      |
| Tracer Indicators for Maternal and Child Health                                |      |      |
| PMTCT coverage 2014 (% pregnant HIV pts receiving ARVs)                        | •    | 95   |
| % deliveries assisted by skilled birth attendant                               |      | 91   |
| Exclusive breastfeeding (% children < 6 months)                                |      | 8    |
| Vitamin A Coverage 2012 (2 doses)  | 72-9 |      |
| DPT3 coverage 2013 (vaccination among 12-23 month olds)                        |      | 65   |
| Postnatal care (within 48 hrs)   |      |      |

Malaria is present in the three northern provinces of South Africa bordering Mozambique and Swaziland. The annual reported number of malaria cases in 2013 was 8,851 with 105 deaths.

### Key



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#### **Progress**

South Africa has made significant progress in scaling-up and sustaining universal coverage of key malaria control interventions including IRS, parasitological diagnosis, and treatment with ACTs. South Africa has banned oral artemisinin-based monotherapies. The country has made significant progress in scaling-up the tracer MNCH intervention of skilled birth attendants and has recently increased coverage of PMTCT.

#### **Impact**

South Africa has demonstrated significant success in malaria control. Confirmed malaria cases have decreased from an annual average of 36,360 during 2000–2005 to 8,851 cases in 2013. Reported malaria deaths fell from 127 to 105 in the same period. As such, the country has achieved the target of a 75% reduction in malaria incidence since 2000. However the number of malaria cases in 2013 increased to 8,851 from 6,846 in 2012 and deaths increased in 2013 to 105 compared with 72 deaths in 2012.

#### **Key Challenges**

- Risk of re-introduction of high rates of malaria from neighbouring countries.
- Increases in malaria cases reported in 2014.

#### **Recommended Actions**

South Africa has responded positively to the recommended actions addressing low coverage of exclusive breastfeeding and lack of data on vitamin A and postnatal care and continues to track progress as these actions are implemented. The country has responded positively to investigating the reasons for the increasing number of malaria cases in 2014.