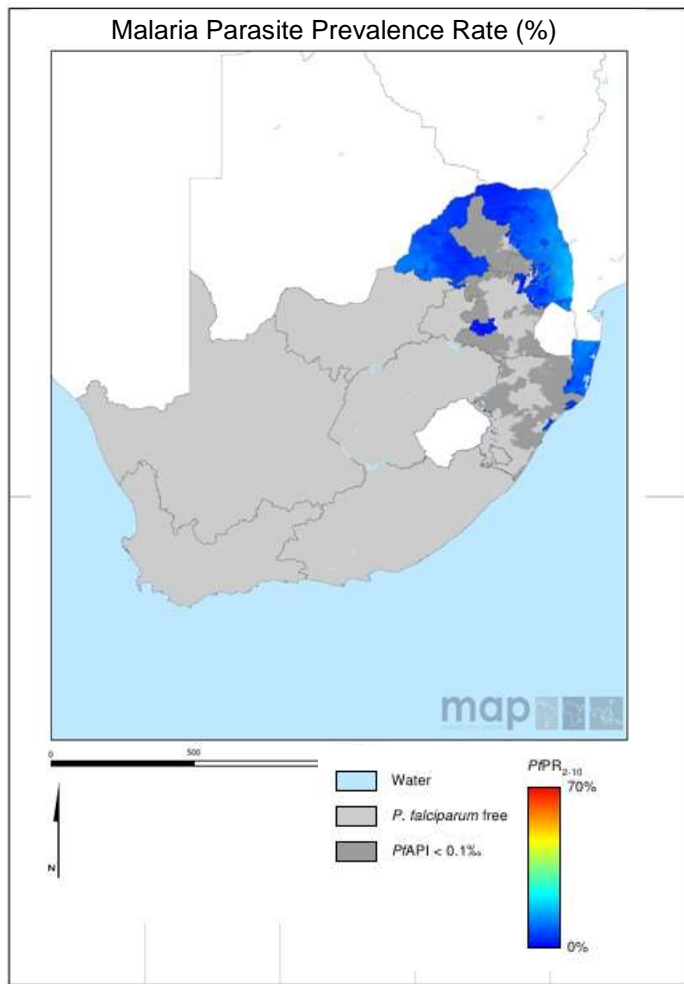


Scorecard for Accountability and Action



Malaria is present in the three northern provinces of South Africa bordering Mozambique and Swaziland. The annual reported number of malaria cases in 2015 was 8,976 with 110 deaths.

Metrics

Commodities Financed and Financial Control		
IRS financing 2017 (% of at-risk population)		
Public sector RDT financing 2017 projection (% of need)		100
Public sector ACT financing 2017 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		0
Insecticide resistance monitored since 2014 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
Scale of Implementation of iCCM (2016)		
IRS Operational Coverage (%)	▼	76
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)		48
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)		74
% deliveries assisted by skilled birth attendant		94
Postnatal care (within 48 hrs)		
Exclusive breastfeeding (% children < 6 months)		8
Vitamin A Coverage 2014 (2 doses)		
DPT3 coverage 2015 (vaccination among 0-11 month olds)		69

Key

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

Malaria

Progress

South Africa has secured sufficient resources for parasitological diagnosis and treatment with ACTs in 2017. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan.

Impact

The annual reported number of malaria cases in 2015 was 8,976 with 110 deaths. WHO estimates that the country has achieved a decrease of 20-40% for malaria incidence rate but experienced an increase of greater than 20% for malaria mortality rate for the period 2010 - 2015.

Key Challenges

- The country has reported an increase in malaria in 2017 compared to the same period in 2016 and the response to the upsurge is currently ongoing.
- Achieving and maintaining IRS coverage above 80%.
- Risk of re-introduction of malaria from neighbouring countries.
- There is a need to strengthen cross border collaboration with neighbouring countries.
- The increase in malaria mortality rates estimated by WHO between 2010-2015.

Previous Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Investigate and address the reasons for the WHO estimated increase of greater than 20% in the malaria mortality rate for the period 2010 – 2015	Q4 2017		The country noted an increase in malaria mortality in 2015. A major underlying reason was the late presentation of patients, especially among the migrant population. South Africa has also since enhanced case management of severe malaria and deaths have decreased. Health worker awareness has also been enhanced through intensified case management workshops as well as giving feedback of death outcomes through death audits

South Africa has responded positively to the recommended action addressing the lack of data on iCCM and continues to strengthen access to treatment of malaria, pneumonia and diarrhoea.

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Vector Control	Investigate and address the reasons for the decrease in IRS coverage	Q4 2017
Impact	Investigate and address the reasons for the reported increase in cases in 2017	Q4 2017

MNCH

Progress

The country has made significant progress in scaling-up the tracer MNCH interventions of skilled birth attendants.

Previous Recommended Actions

South Africa has responded positively to the MNCH recommended actions addressing low coverage of exclusive breastfeeding and lack of data on postnatal care and vitamin A and continues to track progress as these actions are implemented.