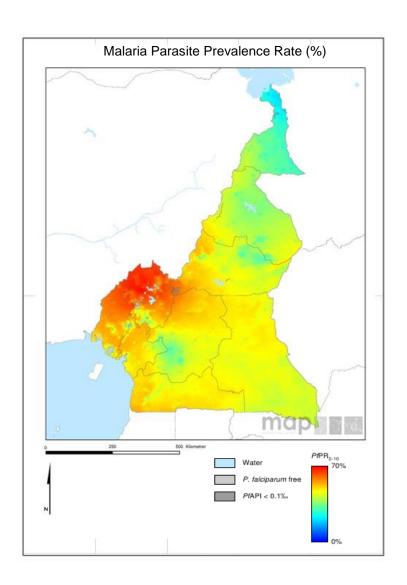
Cameroon ALMA Quarterly Report Quarter Three, 2015



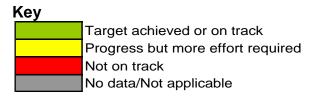
Scorecard for Accountability and Action



Metrics

Policy and Financial Control	71	4
Oral Artemisinin Based Monotherapy Ban status (2015)		
Community case management (Pneumonia)(2015)		
Community case management (Malaria)(2015)		
World Bank rating on public sector mgmt and institutions 2014 (CPIA Cluster D)		2.9
Commodities Financed, Implementation and Malaria	Imp	oact
LLIN financing 2015 projection (% of need)		100
Public sector RDT financing 2015 projection (% of need)		100
Public sector ACT financing 2015 projection (% of need)		100
Operational LLIN/IRS coverage (% of at risk population)	•	52
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2014 (% pregnant HIV pts receiving ARVs)	•	66
% deliveries assisted by skilled birth attendant		65
Exclusive breastfeeding (% children < 6 months)	A	28
Vitamin A Coverage 2012 (2 doses)		88
DPT3 coverage 2013 (vaccination among 12-23 month olds)		89
Postnatal care (within 48 hrs)	A	65

Malaria transmission occurs year round in Cameroon and is most intense in the south of the country. The annual reported number of malaria cases in 2013 was 1,824,633 with 4,349 deaths.



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Progress

Cameroon has banned the import and sale of oral artemisinin-based monotherapies and has introduced Community Case Management of malaria and pneumonia. The country has committed domestic resources to fill the outstanding gap for the LLIN campaign and has secured sufficient resources to cover the costs of the LLINs, ACTs and RDTs needed in 2015. The country has recently made significant improvements in the tracer MNCH interventions PMTCT, postnatal care and exclusive breastfeeding, and has achieved high coverage levels of vitamin A and DPT3.

Impact

The number of reported malaria cases in 2013 was 1,824,633 with 4,349 deaths. The number of malaria cases and deaths increased from 313,315 cases and 3,209 deaths in 2012.

Key Challenge

- Ensuring domestic resources for malaria control are sustained and increased post-2015.
- Delays in the universal coverage campaign may lead to malaria upsurges.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ^{1:} Optimise quality of care	Ensure all facilities are baby friendly by implementing the ten steps to successful breastfeeding, providing follow-up support to breastfeeding mothers and enhancing community awareness	Q1 2013		Cameroon has increased breastfeeding coverage from 20% to 28%



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