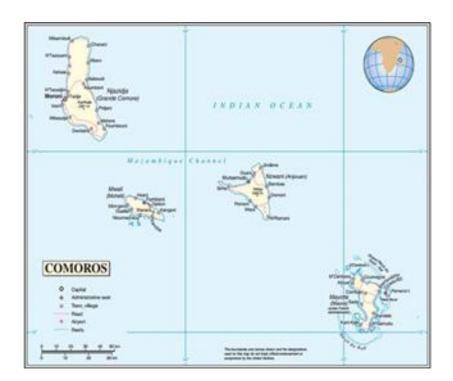
Comoros ALMA Quarterly Report Quarter Three, 2015



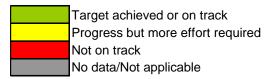
Scorecard for Accountability and Action



Policy and Financial Control			
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)			
Commodities Financed, Implementation and Malaria Imp	act		
LLIN financing 2015 projection (% of need)			
Public sector RDT financing 2015 projection (% of need)			
Public sector ACT financing 2015 projection (% of need)			
Operational LLIN/IRS coverage (% of at risk population)			
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)			
% deliveries assisted by skilled birth attendant	83		
Exclusive breastfeeding (% children < 6 months)			
Vitamin A Coverage 2012 (2 doses)			
DPT3 coverage 2013 (vaccination among 12-23 month olds)	83		
Postnatal care (within 48 hrs)	45		

Most of the population of Comoros is at risk of malaria. Transmission is perennial on the Island of Grand Comore and unstable throughout the zones of Anjouan and Mohéli. The annual reported number of malaria cases in 2013 was 62,565 with 15 deaths.

Key



Comoros ALMA Quarterly Report Quarter Three, 2015



Progress

Comoros has made good progress in scaling-up coverage of key malaria control interventions including universal coverage with LLINs. The country has secured sufficient resources for the required LLINs, RDTs and ACTs in 2015. Comoros has banned oral artemisinin-based monotherapies and has also introduced a policy for the Community Case Management of pneumonia and malaria. The country has achieved high coverage in the tracer MNCH interventions skilled birth attendants and DPT3 coverage. Comoros was awarded a 2015 ALMA Award for Excellence in Implementation of Vector Control.

Impact

The annual reported number of malaria cases in 2013 was 62,565 with 15 deaths.

Key Challenge

 Insufficient human resources and a limited number of partners to implement malaria control activities.

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	Work to develop a strategy to promote exclusive breastfeeding	Q3 2014		No progress reported
	b) Investigate and address reasons for low vitamin A coverage in 2011	Q3 2014		The country reports an increase in vitamin A coverage between 2011 and 2012 but notes that coverage still remains relatively low under 50%
Enact high level policy and strategy change	Improve rule-based governance, quality of budgetary and financial management, efficiency of revenue mobilisation, quality of public administration, and transparency and accountability in the public sector	Q2 2015		No progress reported

Comoros has responded positively to the recommended action addressing lack of data on PMTCT coverage and continues to track progress as this action is implemented.



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