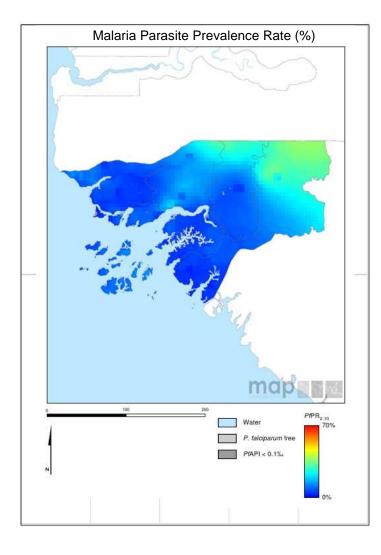
Guinea-Bissau ALMA Quarterly Report Quarter Four, 2016



Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control

LLIN financing 2016 projection (% of need)	
Public sector RDT financing 2016 projection (% of need)	100
Public sector ACT financing 2016 projection (% of need)	100
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	2.2

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)	
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)	26
Estimated % of children (0−14 years old) living with HⅣ who have access to antiretroviral therapy (2015)	15
% deliveries assisted by skilled birth attendant	45
Postnatal care (within 48 hrs)	48
Exclusive breastfeeding (% children < 6 months)	53
Vitamin A Coverage 2014 (2 doses)	98

 Vitamin A Coverage 2014 (2 doses)
 98

 DPT3 coverage 2015 (vaccination among 0-11 month olds)
 80

The entire population of Guinea-Bissau is at risk of malaria. The annual reported number of malaria cases in 2014 was 98,952 with 357 deaths.

Key



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

Malaria

The Global Fund

The Global Fund has announced that Guinea-Bissau will receive \in 29.6 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 Guinea-Bissau'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 Guinea-Bissau this is calculated at \in 17.6 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Guinea-Bissau 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

Guinea-Bissau has made progress in scaling-up anti-malarial interventions and secured sufficient resources to sustain coverage of ACTs, RDTs and LLINs in 2016. The country has distributed sufficient LLINs to achieve 100% operational coverage. Guinea-Bissau has also scaled up iCCM implementation.

Impact

The annual reported number of malaria cases in 2014 was 98,952 with 357 deaths. WHO estimates that the country has achieved a change of less than 20% in the malaria incidence rate and malaria mortality rate for the period 2010 - 2015.

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector Control	Provide an update to WHO on mosquito insecticide resistance status, carry out insecticide resistance testing and develop and implement a national insecticide resistance monitoring and management plan	Q1 2017		Deliverable not yet due but the country has requested technical assistance in entomological monitoring

Previous Key Recommended Action

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

The country has also achieved high coverage of the tracer MNCH interventions of DPT3 and vitamin A.

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	Work to accelerate coverage of ARTs in the total population and in children under 14 years of age	Q1 2017		Deliverable not yet due. The country has shifted the policy to Test-and-Treat for all children and Option B+ for PMTCT and is planning to scale up case-finding strategies in priority regions in line with national paediatric ART acceleration plan whilst introducing and scaling up point of care innovative approaches, enhancing community engagement and integrating HIV with routine child healthcare tools

Previous Key Recommended Actions

Guinea Bissau has responded positively to the MNCH recommended actions addressing low coverage of skilled birth attendants and continues to track progress as these actions are implemented.

Key

Action achieved Some progress No progress Deliverable not yet due