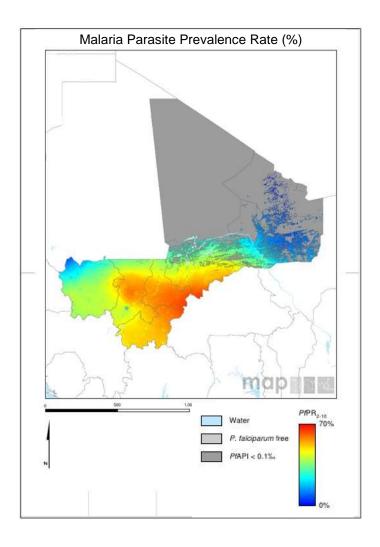
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Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control	
LLIN financing 2016 projection (% of need)	100
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)	3.0
Insecticide Resistance Monitoring, Implementation and In	npact
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	4
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)	28
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	23
% deliveries assisted by skilled birth attendant	60
Postnatal care (within 48 hrs)	58
Exclusive breastfeeding (% children < 6 months)	33
Vitamin A Coverage 2014 (2 doses)	
DPT3 coverage 2015 (vaccination among 0-11 month olds)	68

Malaria transmission is more intense in the south of Mali. The annual reported number of malaria cases in 2015 was 3,317,001 with 1,544 deaths.



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Malaria

Global Fund Update

The Global Fund has announced that Mali will receive € 100.4 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 Mali'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 Mali this is calculated at € 49.9 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Mali 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

Mali has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO. The malaria commodities required to achieve and sustain universal coverage in 2016 are financed and Mali has procured sufficient LLINs to achieve 100% operational coverage. Mali is implementing iCCM. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO.

Impact

The annual reported number of malaria cases in 2015 was 3,317,001 with 1,544 deaths. WHO estimates that the country has experienced an increase of greater than 20% in the malaria incidence rate and a change of less than 20% in the malaria mortality rate for the period 2010 - 2015.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Vector Control	Share the status of the national insecticide resistance monitoring and management plan with WHO	Q1 2017		Deliverable not yet due but the country has requested technical assistance for the development of their national insecticide resistance and monitoring plan

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the GF malaria funding application is submitted by Q2 2018 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2018
Impact	Investigate and address the reasons for the WHO estimated increase of greater than 20% in the malaria incidence rate for the period 2010 - 2015	Q4 2017

MNCH

Progress

Mali has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Previous Key Recommended Actions

Objective		tion Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	a)	Work to accelerate coverage of ARTs in the total population and in children under 14 years of age	Q1 2017		Deliverable not yet due but Mali has increased ART coverage by 2% in the total population and by 3% in children. The country has supported the policy shift to Test-and-Treat all children and Option B+ for PMTCT and is working to enhance community engagement. Mali aims to improve the quality of medical care through capacity building for prescribers, patient education, and shifting ARV prescription tasks to paramedics; and implementing community-based case management (including psychosocial support, active searching for patients lost to follow-up, home visits, community days)
	b)	Identify and address reasons for decreasing DPT3 coverage	Q3 2017		In order to address the decrease in DPT3 coverage, Mali is installing solar refrigerators and developing outreach strategies as well as reconstructing health facilities in the North
	c)	Identify and address reasons for decreasing postnatal care coverage	Q3 2017		Deliverable not yet due

Mali has responded positively to the MNCH recommended action addressing a lack of data on vitamin A and continues to track progress as this action is implemented.



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