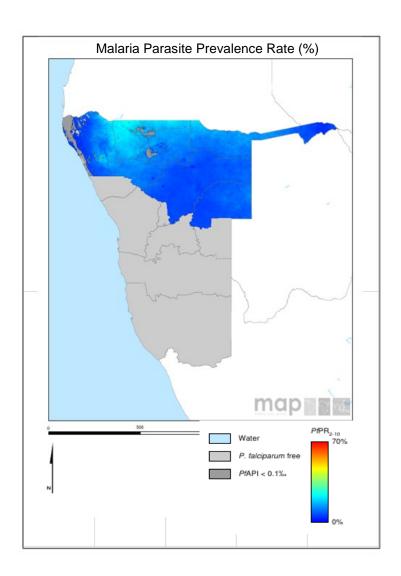
Namibia ALMA Quarterly Report Quarter Two, 2015



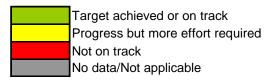
Scorecard for Accountability and Action



Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2015)		
Community case management (Pneumonia)(2015)	2	
Community case management (Malaria)(2015)		
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)		
Commodities Financed, Implementation and Malaria	lmp	pact
RS financing 2015 (% of at-risk population)		10
Public sector RDT financing 2015 projection (% of need)		10
Public sector ACT financing 2015 projection (% of need)		10
RS Operational Coverage (%)		
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2013 (% pregnant HIV pts receiving ARVs)		90
% deliveries assisted by skilled birth attendant		81
Exclusive breastfeeding (% children < 6 months)		49
Vitamin A Coverage 2012 (2 doses)		
DPT3 coverage 2013 (vaccination among 12-23	•	89
month olds)		

Malaria transmission is confined to the north-east part of Namibia where malaria is endemic and about 72% of the population of the country is at risk. The annual reported number of malaria cases in 2013 was 4,745 with 21 deaths.

Key



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Progress

Namibia has banned oral artemisinin-based monotherapies. Adequate funding for the required number of anti-malarial drugs, RDTs, LLINs, and IRS has been secured for 2015. Namibia has made significant progress in scaling-up malaria control interventions and has, in particular, sustained high levels of IRS whilst rolling out LLINs and expanded to universal parasitological diagnosis and treatment. The country has good coverage of tracer MNCH interventions, particularly PMTCT, skilled birth attendants and postnatal care and has recently increased DPT3 vaccination coverage. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

Namibia has made significant progress in the fight against malaria. The number of probable and confirmed malaria cases reported annually decreased from 480,515 during 2001–2005 to only 4,745 cases in 2013. During the same period, a similar trend was observed in deaths: malaria deaths fell from 1,370 to 21. As such, the country has achieved the global target of more than a 75% reduction in the malaria burden since 2000. However the number of malaria cases in 2013 increased to 4,175 from 3,163 in 2012 and deaths increased in 2013 to 21 compared with four deaths in 2012.

Key Challenges

- Maintaining malaria high on the political and funding agenda as the disease burden continues to drop.
- Increases in malaria cases reported in 2014.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Investigate the reasons for the increasing number of malaria cases in 2013 and 2014	Q4 2015		High rainfall in 2014 is thought to have contributed to the 2014 upsurge in cases coupled with reduced IRS coverage in the most affected district. Namibia held an annual review and planning meeting and established a plan to improve vector control in Kavango region, where the increase in cases occurred

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

