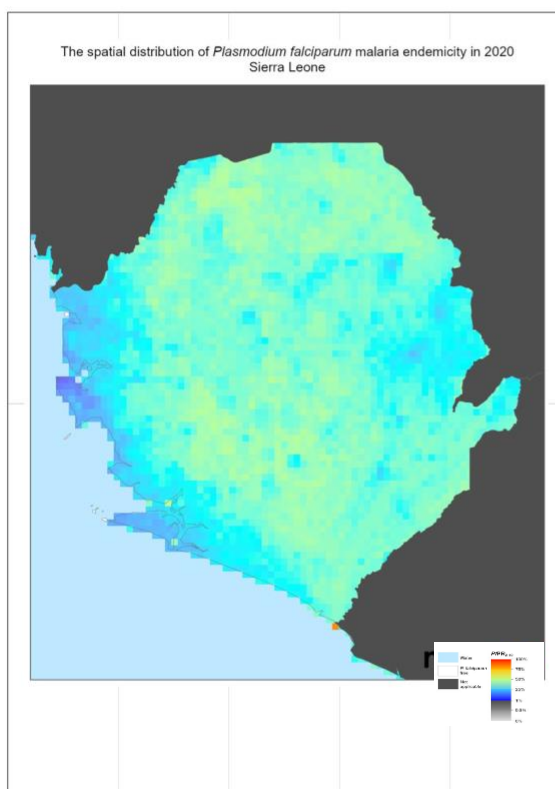


Scorecard for Accountability and Action



Metrics

Financing		
LLIN financing (2024-2026) projection (% of need)		
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)		100
% of National Malaria Strategic Plan Financed (2024-2026)		
Policy		
Signed, ratified and deposited the AMA instrument at the AUC		
Malaria activities targeting refugees in Malaria Strategic Plan		
Malaria activities targeting IDPs in Malaria Strategic Plan		
Zero Malaria Starts With Me Launched		
End Malaria Council and Fund Launched		
Resistance Monitoring, Implementation and Impact		
Drug efficacy studies conducted since 2019 and data reported to WHO		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		4
Insecticide resistance monitored since 2015 and data reported to WHO		
RDTs in stock (>6 months stock)		
ACTs in stock (>6 months stock)		
LLIN/IRS campaign on track		
% of ITNs/IRS delivered in 2023 that include next generation insecticides		100
On track to reduce case incidence by ≥55% by 2022 (vs 2015)		
On track to reduce case mortality by ≥55% by 2022 (vs 2015)		
Tracer Indicators for Maternal and Child Health, NTDs and Covid 19		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)	▲	85
% of Neglected Tropical Disease MDAs Achieving WHO Targets		75
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2022)		25
Vitamin A Coverage 2022 (2 doses)		69
DPT3 coverage 2022 (vaccination among 0-11 month olds)		91

The entire population of Sierra Leone is at high risk of malaria. The annual reported number of malaria cases in 2022 was 1,862,886 with 3,151 deaths.

Key

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

Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$50 million.

Progress

Sierra Leone has secured sufficient resources for the required RDTs and ACTs for 2024-26. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and in response to the identified insecticide resistance has scaled up next generation mosquito nets. Sierra Leone has launched the Zero Malaria Starts with Me campaign.

In line with the priority agenda of the ALMA chair, His Excellency President Umaro Sissoco Embaló, Sierra Leone has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard, although the scorecard has not yet been posted to the ALMA Scorecard Hub. The country should consider establishing an End Malaria Council and Fund to enhance domestic resource mobilization and multi-sectoral action.

Impact

The annual reported number of malaria cases in 2022 was 1,862,886 with 3,151 deaths.

Key Challenge

- Insufficient resources available to fully implement the malaria national strategic plan.

Previous Key Recommended Actions

The country has responded previously to the recommended action on drug resistance monitoring and continues to track progress as actions are implemented.

Reproductive, Maternal, Newborn, Adolescent and Child Health

Progress

Sierra Leone has achieved high coverage of the tracer RMNCAH intervention of DPT3. The country enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn and Child Health Scorecard.

Previous Key Recommended Actions

Sierra Leone has responded positively to the RMNCAH recommended action addressing low coverage of ARTs in children and continues to track progress as this action is implemented, with increases in coverage recently observed.

Neglected Tropical Diseases

Progress

Progress in addressing Neglected Tropical Diseases (NTDs) in Sierra Leone is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, and soil transmitted helminths. In 2022, preventive chemotherapy coverage was 79% for onchocerciasis, 95% for lymphatic filariasis, 69% for soil transmitted helminths and 100% for schistosomiasis. Overall, the NTD preventive chemotherapy coverage index for Sierra Leone in 2022 is 85, which represents a substantial increase compared with the 2021 index value (14). The country reached WHO MDA targets for schistosomiasis and lymphatic filariasis only in 2022.