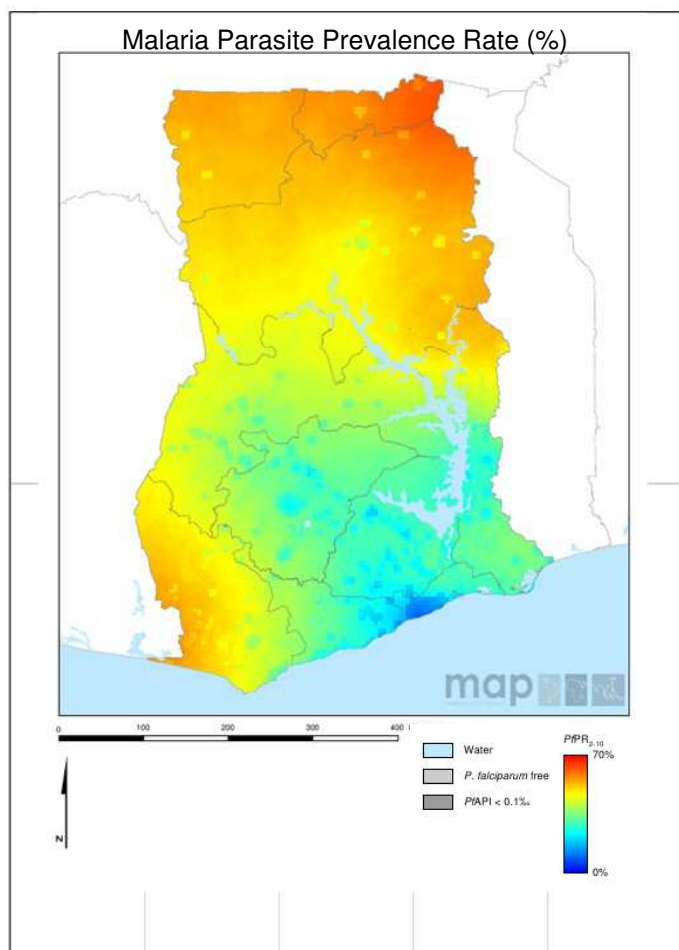


## Scorecard for Accountability and Action



The entire population of Ghana is at risk of malaria. The annual reported number of malaria cases in 2015 was 10,186,510 with 2,137 deaths.

### Metrics

Commodities Financed and Financial Control	
LLIN financing 2017 projection (% of need)	100
Public sector RDT financing 2017 projection (% of need)	100
Public sector ACT financing 2017 projection (% of need)	100
World Bank rating on public sector management and institutions 2016 (CPIA Cluster D)	3.6
Insecticide Resistance Monitoring, Implementation and Impact	
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 (2016)	34
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2016)	15
% deliveries assisted by skilled birth attendant	74
Postnatal care (within 48 hrs)	81
Exclusive breastfeeding (% children < 6 months)	52
Vitamin A Coverage 2014 (2 doses)	23
DPT3 coverage 2016 (vaccination among 0-11 month olds)	93

### Key

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

## **Malaria**

### **Global Fund Update**

The Global Fund has announced that Ghana will receive US\$ 194 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 Ghana'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 Ghana this is calculated at US\$ 111.5 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Ghana 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**

Ghana has secured sufficient resources for the essential anti-malarial commodities required to sustain coverage in 2017 and has achieved 100% operational coverage of vector control. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO. Ghana has scaled up coverage of iCCM. Ghana has further increased its already high rating in terms of public sector management systems (CPIA cluster D). The country has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard.

### **Impact**

The annual reported number of malaria cases in 2015 was 10,186,510 with 2,137 deaths. WHO estimates that the country has achieved a decrease of 20-40% for malaria incidence rate and malaria mortality rate for the period 2010 - 2015.

### **Key Challenge**

- Insecticide resistance threatens vector control effectiveness.

### **Previous Key Recommended Actions**

<b>Objective</b>	<b>Action Item</b>	<b>Suggested completion timeframe</b>	<b>Progress</b>	<b>Comments - key activities/accomplishments since last quarterly report</b>
Vector control	Given the reported mosquito resistance to 4 classes of insecticide, urgently finalise and implement the national insecticide resistance monitoring and management plan	Q1 2017		The country finalised the insecticide resistance monitoring and management plan with support from WHO AFRO in Q2 2017
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		The country submitted the GF funding application

## MNCH

### Progress

The country has achieved high coverage of tracer MNCH interventions, in particular exclusive breastfeeding and postnatal care. The country 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	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH <sup>1</sup> : Optimise quality of care	a) Identify and address reasons for decreasing vitamin A coverage	Q3 2017		Vitamin A coverage was 96% in 2014 but this decreased to as low as 23% in 2015. The decrease in coverage was associated with vitamin A stock-outs nationally. This problem has been prioritised and the country currently have adequate stocks
	b) Identify and address reasons for decreasing DPT3 coverage	Q3 2017		DPT3 coverage was 98% in 2014 but this decreased to 88% in 2015. The reasons for the decrease in coverage are associated with improved data capture, as it is now mandatory for each health facility to validate and verify data before being submitted to the next level. Efforts are underway to close the gap through targeting hard-to-reach populations, carrying out supplementary and mop up immunisations, and door to door immunisation

Ghana has responded positively to the MNCH recommended action addressing the low coverage of ARTs in the general population and in children and continues to track progress as these actions are implemented.

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

<sup>1</sup> MNCH metrics, recommended actions and response tracked through WHO MCA