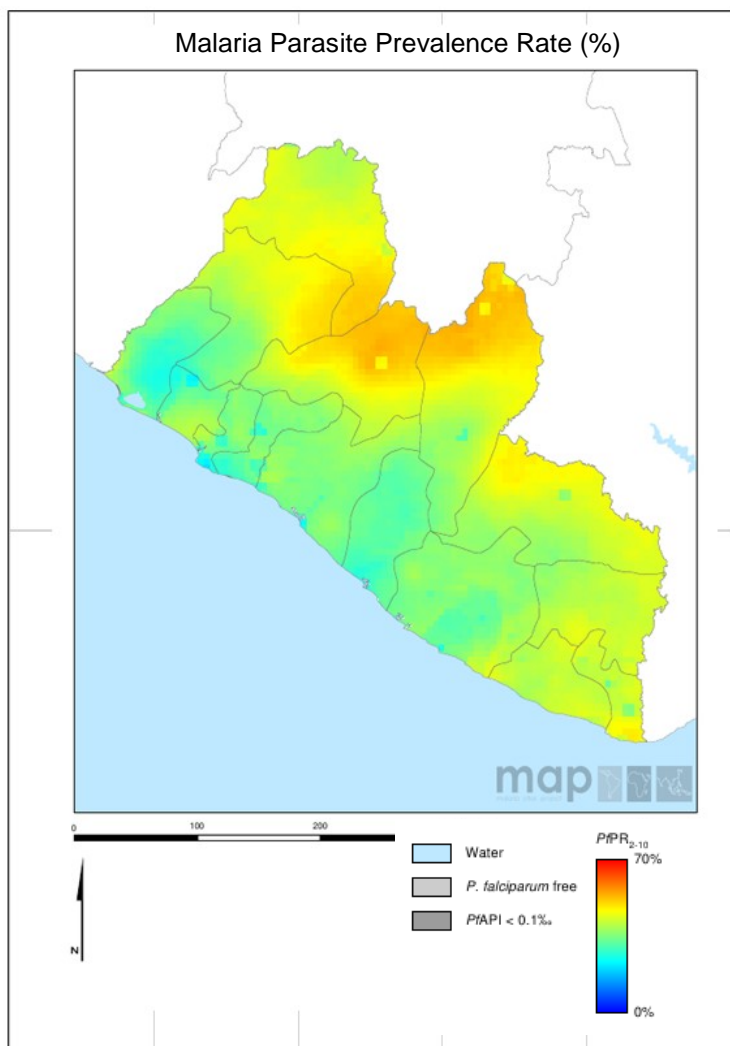


Scorecard for Accountability and Action



The entire population of Liberia is at high risk for malaria. The annual reported number of malaria cases in 2014 was 1,066,107 with 2,288 deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2015)	Target achieved or on track
Community case management (Pneumonia)(2015)	Target achieved or on track
Community case management (Malaria)(2015)	Target achieved or on track
World Bank rating on public sector mgmt and institutions 2014 (CPIA Cluster D)	2.9
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2015 projection (% of need)	100
Public sector RDT financing 2015 projection (% of need)	100
Public sector ACT financing 2015 projection (% of need)	100
Operational LLIN/IRS coverage (% of at risk population)	100
>75% Decrease in Malaria Incidence Projected 2000–2015	Progress but more effort required
Tracer Indicators for Maternal and Child Health	
PMCT coverage 2014 (% pregnant HIV pts receiving ARVs)	52
% deliveries assisted by skilled birth attendant	61
Exclusive breastfeeding (% children < 6 months)	55
Vitamin A Coverage 2013 (2 doses)	▲ 88
DPT3 coverage 2014 (vaccination among 12-23 month olds)	▼ 50
Postnatal care (within 48 hrs)	71

Key

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

Progress

Liberia has made good progress in malaria control. A ban has been introduced on the importation and sale of oral artemisinin-based monotherapies and the country has introduced policies on Community Case Management of malaria and pneumonia. Liberia has secured the resources for procurement and distribution of the antimalarial commodities required in 2015. The county has also distributed sufficient LLINs to achieve universal coverage in 2015.

Liberia has achieved good coverage in the tracer MNCH indicators of postnatal care and has recently increased coverage of vitamin A. Liberia has achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990. Liberia has significantly enhanced the tracking and accountability mechanisms with the development and launch of the Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

The annual reported number of malaria cases in 2014 was 1,066,107 with 2,288 deaths. WHO, through modeling, projects that Liberia has achieved a 50%-75% decrease in malaria incidence between 2000 and 2015.

Key Challenge

- Ensuring the coverage of essential health services following the ebola outbreak.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the NFM concept note is submitted by Q1 2015 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q1 2015		Liberia plans to submit the Global Fund concept note in Quarter 1 2016
MNCH ¹ : Optimise quality of care	Work to increase coverage of PMTCT	Q3 2016		Deliverable not yet due

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Work to address decreasing DPT3 coverage	Q4 2016

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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