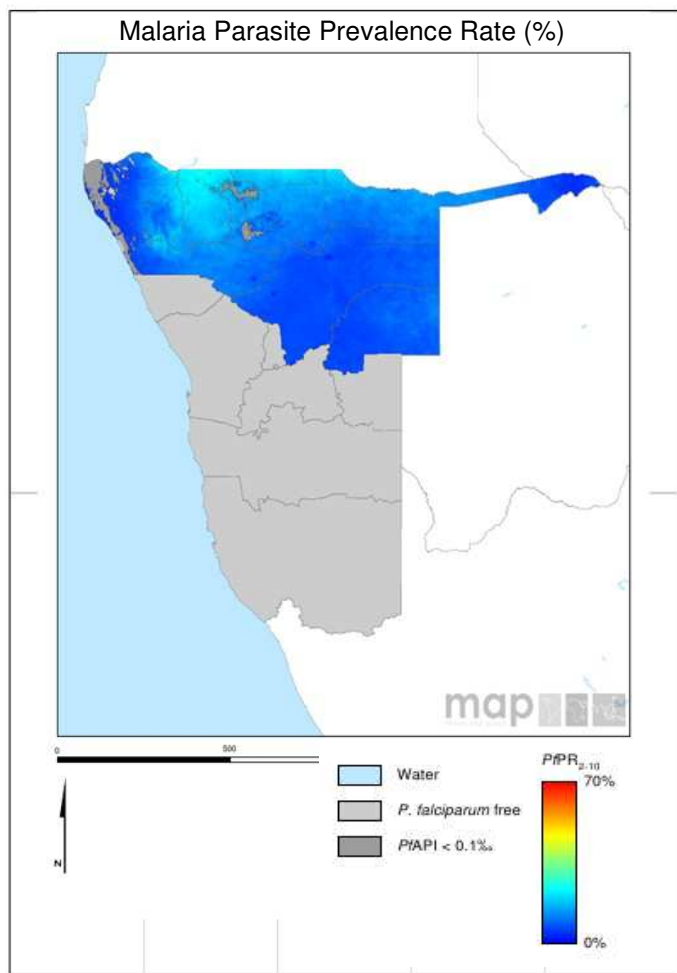


Scorecard for Accountability and Action

Metrics

Commodities Financed and Financial Control	
IRS financing 2017 (% of at-risk population)	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)	
Insecticide Resistance Monitoring, Implementation and Impact	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	0
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2016)	
IRS Operational Coverage (%)	74
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)	64
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2016)	66
% deliveries assisted by skilled birth attendant	88
Postnatal care (within 48 hrs)	65
Exclusive breastfeeding (% children < 6 months)	49
Vitamin A Coverage 2014 (2 doses)	
DPT3 coverage 2016 (vaccination among 0-11 month olds)	92



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 2015 was 12,050 with 45 deaths.

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 Namibia will receive US\$ 37.1 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 Namibia'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 Namibia this is calculated at US\$ 1.8 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Namibia is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress

Namibia has secured sufficient funding for the required number of anti-malaria drugs, RDTs, LLINs, and IRS for 2017. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO. Namibia 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 12,050 with 45 deaths. WHO estimates that the country has experienced an increase of greater than 20% for malaria incidence rate and for malaria mortality rate for the period 2010 - 2015.

Key Challenges

- A malaria outbreak has been reported by the country and the response effort is ongoing.
- Achieving and maintaining IRS coverage above 80%.
- Maintaining malaria high on the political and funding agenda.
- There is a need to strengthen cross border collaboration with neighbouring countries.
- The increase in malaria incidence and mortality rates estimated by WHO between 2010-2015.

Previous Key Recommended Actions

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		The national insecticide resistance and management plan has been finalized
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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Investigate and address the reasons for the reported increase in cases in 2017	Q4 2017		Underlying reasons for the increase in cases include: population movements both within and from neighbouring countries; lack of IRS supervision which resulted in poor quality of spraying; sub-optimal vector control coverage; and expansive mosquito breeding habitats resulting from flooding. With GF resources, the country will support intensive microplanning and enhanced IRS supervision in 2017 to address some of the weaknesses identified, as well as intensify cross border collaboration

Namibia has responded positively to the recommended action addressing the lack of data on iCCM and continues to strengthen access to treatment of malaria, pneumonia and diarrhea.

MNCH

Progress

Namibia has good coverage of tracer MNCH interventions, including DPT3, ART coverage in the total population and in children under 14 years of age, skilled birth attendants and postnatal care. The country has enhanced tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

Previous Key Recommended Action

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

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due