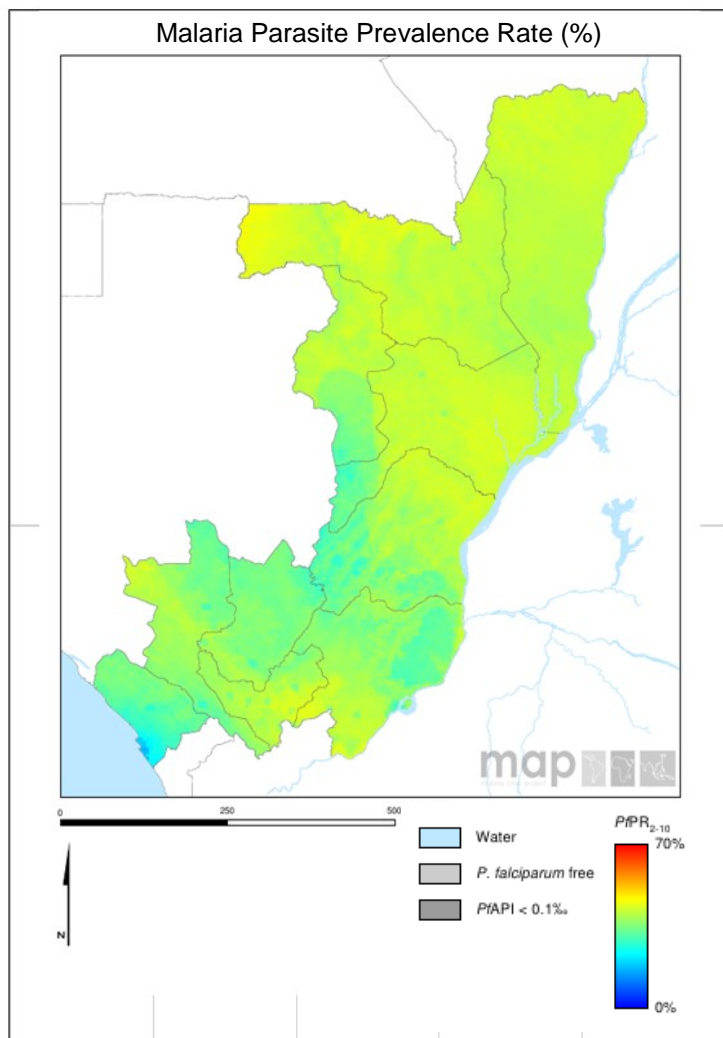


Scorecard for Accountability and Action



The entire population of the Republic of the Congo is at high risk of malaria and transmission is intense all year round. The annual reported number of malaria cases in 2014 was 248,159 with 271 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)	2.5
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2015 projection (% of need)	0
Public sector RDT financing 2015 projection (% of need)	41
Public sector ACT financing 2015 projection (% of need)	25
Operational LLIN/IRS coverage (% of at risk population)	8
>75% Decrease in Malaria Incidence Projected 2000–2015	Progress but more effort required
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2014 (% pregnant HIV pts receiving ARVs)	17
% deliveries assisted by skilled birth attendant	93
Exclusive breastfeeding (% children < 6 months)	21
Vitamin A Coverage 2013 (2 doses)	No data/Not applicable
DPT3 coverage 2014 (vaccination among 12-23 month olds)	▲ 90
Postnatal care (within 48 hrs)	64

Key

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

Progress

Congo introduced a policy of Community Case Management of malaria and pneumonia to bring treatment services closer to the population. The country has banned the marketing of oral artemisinin-based monotherapies.

Congo has made good progress in tracer MNCH interventions including skilled birth attendants and postnatal care and has recently increased coverage of DPT3. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

The annual reported number of malaria cases in 2014 was 248,159 with 271 deaths. WHO, through modeling, projects that Congo has achieved a 50%–75% decrease in malaria incidence between 2000 and 2015.

Key Challenge

- The lack of new resources allocated to malaria in the Global Fund New Funding Model and through domestic resources jeopardises the country's ability to sustain the gains made in the fight against malaria.





Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address vector control coverage	Address falling LLIN coverage	Q2 2014		No progress reported
MNCH ¹ : Enact high level policy and strategy change	a) Identify and address underlying reasons for the decreasing coverage of PMTCT	Q3 2016		Deliverable not yet due but bottleneck analysis showed that the declines in PMTCT coverage were due to a deficiency in the availability of reagents and consumables for biological monitoring and irregular supplies of ARVs. This is being addressed by improving the availability of ARVs and tests in health facilities, expanding testing to enhance availability sub-nationally, and developing a transition plan to scale up PMTCT
	b) Identify and address reasons for decreasing DPT3 coverage	Q2 2015		Congo reports DPT3 coverage at 90%

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

Congo has responded positively to the MNCH recommended actions addressing low coverage of exclusive breastfeeding and lack of data for vitamin A and continues to track progress as these actions are implemented.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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