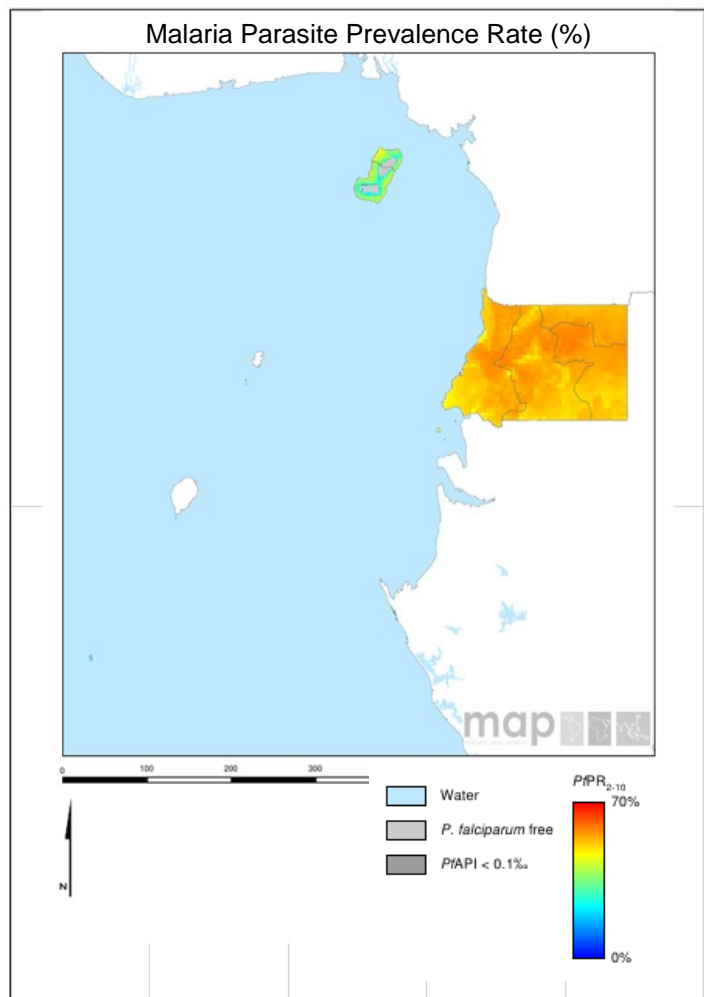


Scorecard for Accountability and Action



The entire population of Equatorial Guinea is at high risk of malaria and the transmission is intense all year round. The annual reported number of malaria cases in 2014 was 20,417.

Metrics

Commodities Financed and Financial Control		
LLIN financing 2016 projection (% of need)		
Public sector RDT financing 2016 projection (% of need)		
Public sector ACT financing 2016 projection (% of need)		
World Bank rating on public sector management and institutions 2014 (CPIA Cluster D)		
Insecticide Resistance Monitoring, Implementation and Impact		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	2	
Insecticide resistance monitored since 2014 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
Scale of Implementation of iCCM (2013)		
Operational LLIN/IRS coverage (% of at risk population)	67	
>75% Decrease in Malaria Incidence Projected 2000–2015		
Tracer Indicators for Maternal and Child Health		
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2014)	27	
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2014)	8	
% deliveries assisted by skilled birth attendant	68	
Postnatal care (within 48 hrs)	44	
Exclusive breastfeeding (% children < 6 months)	7	
Vitamin A Coverage 2013 (2 doses)		
DP T3 coverage 2014 (vaccination among 12-23 month olds)	24	

Key

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

Malaria

Progress

Equatorial Guinea has made progress with malaria control on Bioko Island and is working to extend this success to the mainland. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan.

Impact

The annual reported number of malaria cases in 2014 was 20,417. WHO, through modeling, estimates that there has been a less than 50% decrease in malaria incidence between 2000 and 2015.

Key Challenges

- Lack of data on needs and outstanding funding gaps.
- Lack of resources to achieve universal coverage of malaria control interventions.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure that sufficient domestic resources are committed to malaria control	Q4 2014		The country is updating its National Strategic plan and is quantifying the national requirements to form a basis for resource mobilisation

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Optimise quality of care	Provide data on the scale up iCCM implementation country wide	Q1 2017

MNCH

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH ¹ : Optimise quality of care	a) Investigate and address reasons for low vitamin A coverage in 2011	Q4 2014		Vitamin A supplementation was recently initiated by the MoH in 2015 in 4 districts. Updated data on coverage will be available at the end of 2016. The government has coupled the vitamin A distribution with the immunisation programme with the purpose of improving coverage
	b) Address reasons for decreasing breastfeeding coverage	Q1 2014		No progress reported
	c) Investigate and address the reasons for the decreasing coverage of postnatal care	Q4 2015		No progress reported

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Work to accelerate coverage of ARTs especially in children under 14 years of age	Q1 2017

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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