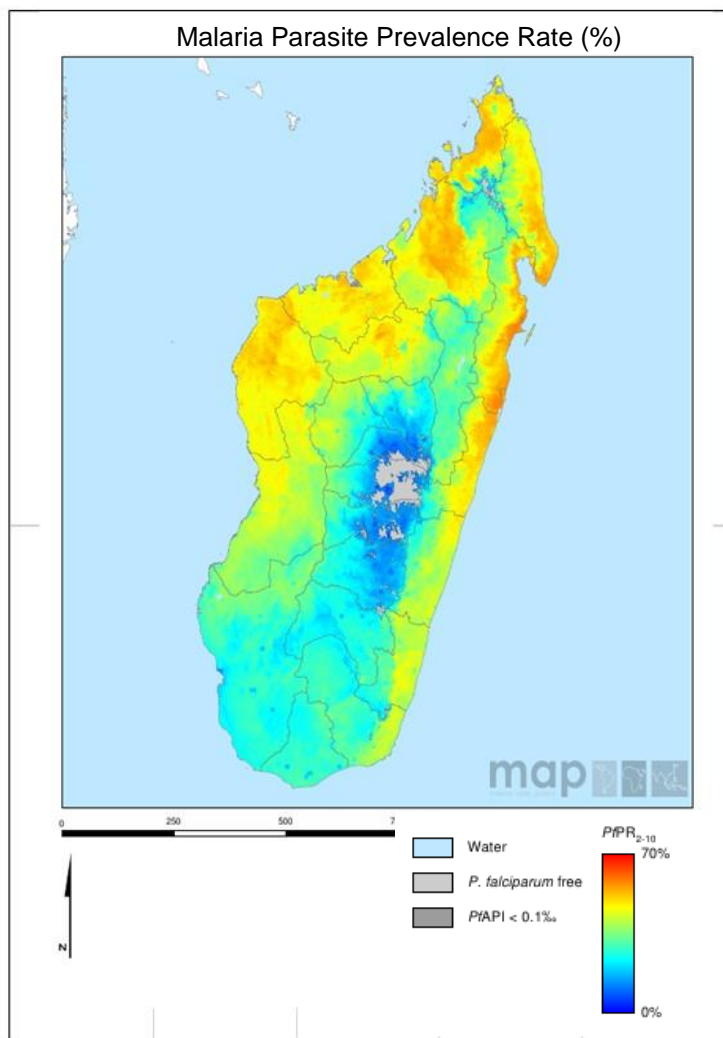


Scorecard for Accountability and Action



Malaria transmission in Madagascar occurs all year round in the north of the country; 75% of the population lives in low-transmission areas which are prone to epidemics and 25% live in areas of high risk. The annual reported number of malaria cases in 2013 was 382,495 with 641 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)	2.6
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2015 projection (% of need)	88
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
On track in 2013 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	Progress but more effort required
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2014 (% pregnant HIV pts receiving ARVs)	4
% deliveries assisted by skilled birth attendant	44
Exclusive breastfeeding (% children < 6 months)	51
Vitamin A Coverage 2012 (2 doses)	88
DPT3 coverage 2013 (vaccination among 12-23 month olds)	74
Postnatal care (within 48 hrs)	46

Key

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

Progress

Madagascar has made significant progress in scaling-up and sustaining malaria control interventions. The country has made policy changes including the banning of oral artemisinin-based monotherapies and the introduction of policies on Community Case Management of malaria and pneumonia. The country has achieved high coverage of vector control interventions and has secured sufficient finances to sustain universal coverage of key anti-malaria interventions in 2015. The country has made good progress on the tracer MNCH intervention vitamin A coverage. The country has achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990. Madagascar has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Impact

Madagascar has made progress in malaria control interventions resulting in reduced cases and deaths. The reported outpatient malaria cases decreased from 1,600,000 in 2000–2004 to 382,495 in 2013. The number of malaria deaths reported in 2013 is 641.

Key Challenge

- The lack of significant new resources allocated to malaria in the GF New Funding Model jeopardises the country's ability to sustain the impressive 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
MNCH ¹ : Optimise quality of care	Identify and address reasons for decreasing DPT3 coverage	Q2 2016		A bottleneck analysis suggests DPT3 coverage decreased due to lack of a functional cold chain in remote areas as well as lack of transport. To address these bottlenecks the country is planning to acquire solar refrigerators and motorcycles, spare parts and oil as well as enhance microplanning to ensure access to inaccessible areas
Enact high level policy and strategy change	Improve rule-based governance, quality of budgetary and financial management, efficiency of revenue mobilisation, quality of public administration, and transparency and accountability in the public sector	Q2 2014		There has been a 0.1 increase in the country's Cluster D CPIA in 2014





Madagascar has responded positively to the recommended action addressing low coverage of PMTCT and continues to track progress as this action is implemented.

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

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
MNCH ¹ : Optimise quality of care	Work to fill the outstanding gaps required to sustain full coverage of LLINs in 2015	Q2 2016

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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