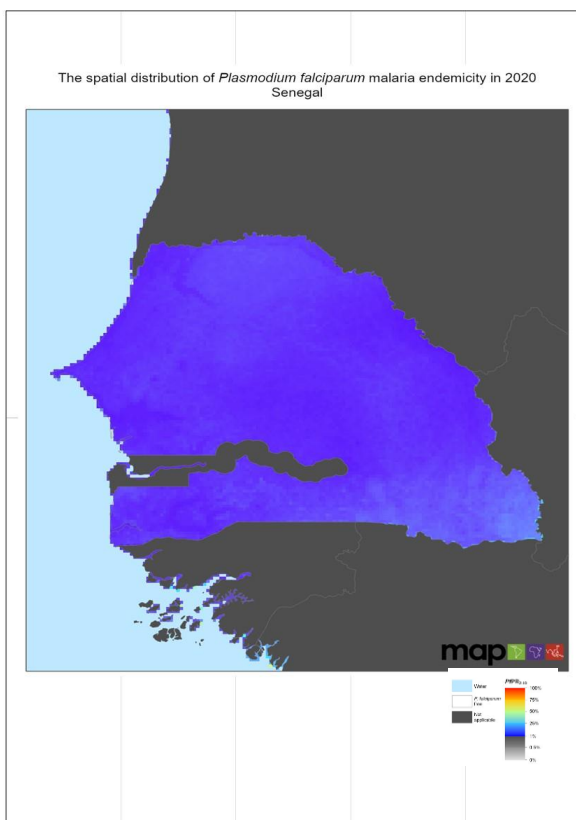


### Scorecard for Accountability and Action



#### Metrics

Financing		
LLIN financing (2024-2026) projection (% of need)		55
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)		100
% of National Malaria Strategic Plan Financed (2024-2026)		63
Policy		
Signed, ratified and deposited the AMA Instrument at the AUC		
Malaria activities targeting refugees in Malaria Strategic Plan		
Malaria activities targeting IDPs in Malaria Strategic Plan		
Zero Malaria Starts With Me Launched		
End Malaria Council and Fund Launched		
Resistance Monitoring, Implementation and Impact		
Drug efficacy studies conducted since 2019 and data reported to WHO		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		5
Insecticide resistance monitored since 2015 and data reported to WHO		
RDTs in stock (>6 months stock)		
ACTs in stock (>6 months stock)		
LLIN/IRS campaign on track		
% of vector control in the last year with next generation materials		98
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)		
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)		20
% of Neglected Tropical Disease MDAs Achieving WHO Targets		60
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2022)		40
Vitamin A Coverage 2022 (2 doses)		57
DPT3 coverage 2022 (vaccination among 0-11 month olds)		88

The annual reported number of malaria cases in 2022 was 391,679 and 273 deaths.

#### Key

<span style="background-color: #90EE90; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>	Target achieved or on track
<span style="background-color: #FFFF00; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>	Progress but more effort required
<span style="background-color: #FF0000; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>	Not on track
<span style="background-color: #A9A9A9; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>	No data
<span style="background-color: #FFFFFF; border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span>	Not applicable

## **Malaria**

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$50 million.

## **Progress**

Senegal has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO, and in response to the identified insecticide resistance has scaled up next generation mosquito nets. The country has also carried out drug resistance testing. Senegal has secured sufficient resources for ACTs and RDTs for 2024-26 but has significant gaps to fully implement the national strategic plan. Senegal was the first country to launch the Zero Malaria Starts with Me campaign.

In line with the priority agenda of the ALMA chair, His Excellency President Umaro Sissoco Embaló, Senegal has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard, although the scorecard has not yet been posted to the ALMA Scorecard Hub. The country should consider establishing an End Malaria Council and Fund to enhance domestic resource mobilization and multi-sectoral action.

## **Impact**

The annual reported number of malaria cases in 2022 was 391,679 and 273 deaths.

## **Key Challenge**

- Insufficient resources to fully implement the malaria national strategic plan.

# Reproductive, Maternal, Newborn, Adolescent and Child Health

## Progress

The country has enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

## Neglected Tropical Diseases

### Progress

Progress in addressing Neglected Tropical Diseases (NTDs) in Senegal is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. In 2022, preventive chemotherapy coverage was 100% for trachoma, 92% for onchocerciasis, 43% for schistosomiasis, 74% for lymphatic filariasis and 0% for soil transmitted helminths. Overall, the NTD preventive chemotherapy coverage index for Senegal in 2022 is 20, which represents a decrease compared with the 2021 index value (37). The country reached WHO MDA targets for trachoma, onchocerciasis and lymphatic filariasis in 2022.

### Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Work to improve preventive chemotherapy for soil transmitted helminthiasis and schistosomiasis and reach WHO targets	Q3 2024		In 2023, the country organized Mass Drug Administration (MDA) for schistosomiasis and reported that they had reached WHO target, with a coverage of 98,38%. MDA for Soil Transmitted Helminthiasis was also conducted successfully, reaching WHO targets. 2024 MDAs will be conducted from June to November. Other routine activities including case management and surveillance are conducted as planned.

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due