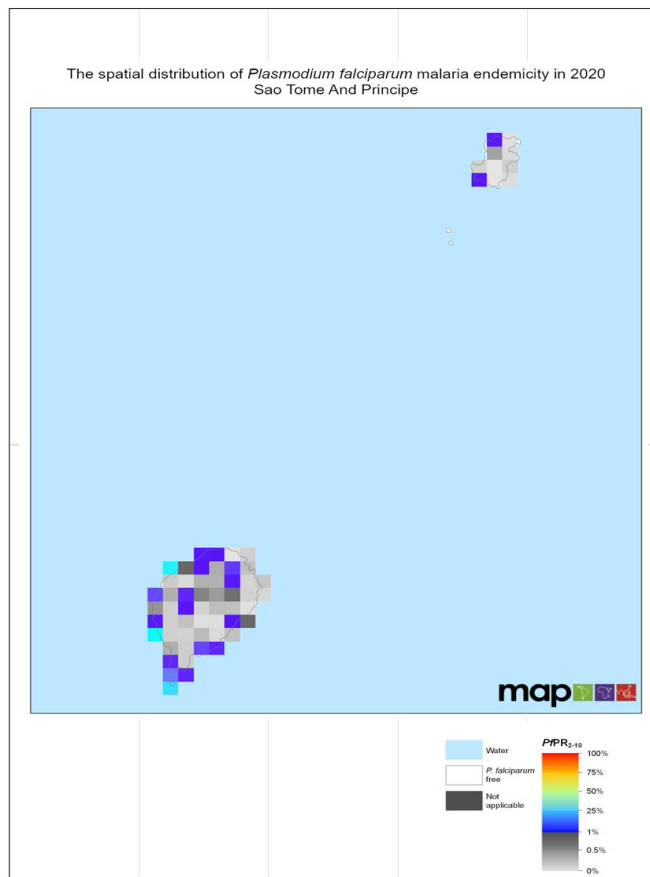


Scorecard for Accountability and Action



Metrics

Policy	
Signed, ratified and deposited the AMA instrument at the AUC	Progress but more effort required
Malaria activities targeting refugees in Malaria Strategic Plan	Not applicable
Malaria activities targeting IDPs in Malaria Strategic Plan	Not applicable
Zero Malaria Starts With Me Launched	Not on track
End Malaria Council and Fund Launched	Not applicable
Resistance Monitoring, Implementation and Impact	
Drug efficacy studies conducted since 2019 and data reported to WHO	Not on track
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	Progress but more effort required (3)
Insecticide resistance monitored since 2020 and data reported to WHO	Not on track
% of vector control in the last year with next generation materials	Progress but more effort required (100)
ACTs in stock (>6 months stock)	No data
RDTs in stock (>6 months stock)	No data
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)	Progress but more effort required
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)	Progress but more effort required
Tracer Indicators for Maternal and Child Health and NTDs	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2024)	Not on track (1)
% of Neglected Tropical Disease MDAs Achieving WHO Targets	Progress but more effort required (33)
National Budget Allocated to NTDs	Not on track
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2024)	No data
DPT3 coverage 2024 (vaccination among 0-11 month olds)	Progress but more effort required (87)
Climate Change and VBDs in NDCs	Target achieved or on track (▲)

In São Tomé and Príncipe, the annual reported number of malaria cases in 2024 was 7,118 with 1 death.

Key

Green	Target achieved or on track
Yellow	Progress but more effort required
Red	Not on track
Grey	No data
White	Not applicable

Malaria - The Big Push towards 2030

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. Countries must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, decreasing ODA, 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. To get back on track and eliminate malaria, US\$5.2 billion is needed annually to fully finance country national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat. By the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Countries must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. 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. WHO have also recently approved the use of Spatial Repellents. 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. Malaria can serve as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. Countries must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD Councils and Funds, which have raised over US\$218 million to date.

A recent report by ALMA and MNM UK, “The Price of Retreat,” highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If São Tomé and Príncipe cannot sustain malaria prevention due to reductions in malaria financing, this would lead to an estimated 4,173 additional cases, 2 more deaths. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in São Tomé and Príncipe there will be a US\$2.1 million increase in GDP

Global Fund Allocation

The Global Fund allocation for São Tomé and Príncipe for Grant Cycle 8 is US\$10.6 million for HIV, tuberculosis, malaria, and health systems strengthening for 2027-2029. The malaria component has been allocated US\$9.2 million. The allocations to the individual disease components are not fixed, and can be adjusted at country level. São Tomé and Príncipe is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain coverage as much as possible.

Progress

São Tomé and Príncipe has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. The country has decreased the estimated malaria mortality rate by more than 40% since 2015.

In line with the priority agenda of the ALMA chair, President Advocate Duma Gideon Boko, São Tomé and Príncipe has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Elimination Scorecard, although the scorecard has not yet been posted to the ALMA Scorecard Hub.

Impact

The annual reported number of malaria cases in 2024 was 7,118 with 1 death.

Key Challenges

- Malaria upsurges observed.
- Declining ODA to support malaria elimination

Previous Key Recommended Actions

The country has responded positively to the recommended action addressing insecticide and drug resistance monitoring and continues to track progress as these actions are implemented.

Reproductive, Maternal, Newborn, Adolescent and Child Health

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Address the falling coverage of DPT3	Q2 2025		No progress reported

São Tomé and Príncipe has responded positively to the RMNCAH recommended actions addressing the lack of data for ART coverage in children and low coverage of vitamin A and continues to track progress as actions are implemented.

Neglected Tropical Diseases





Progress

Progress in addressing Neglected Tropical Diseases (NTDs) in Sao Tomé and Principe is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, schistosomiasis, and soil transmitted helminths. In 2024, preventive chemotherapy coverage was 100% for lymphatic filariasis (under surveillance), 0% for schistosomiasis and 0% for soil-transmitted helminths. Overall, the NTD preventive chemotherapy coverage index for Sao Tomé and Principe in 2024 is 1, which is the same as the 2023 index value (1). The country did not reach any WHO MDA target in 2024. The country has included Vector-Borne diseases in the Nationally Determined Contributions.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
NTDs	Work to implement preventive chemotherapy for Soil Transmitted Helminthiasis and schistosomiasis and reach WHO targets	Q4 2026		Deliverable not yet due
NTDs	Submit data to the AUC on the national Budget Allocated to NTDs	Q4 2025		No progress reported

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due