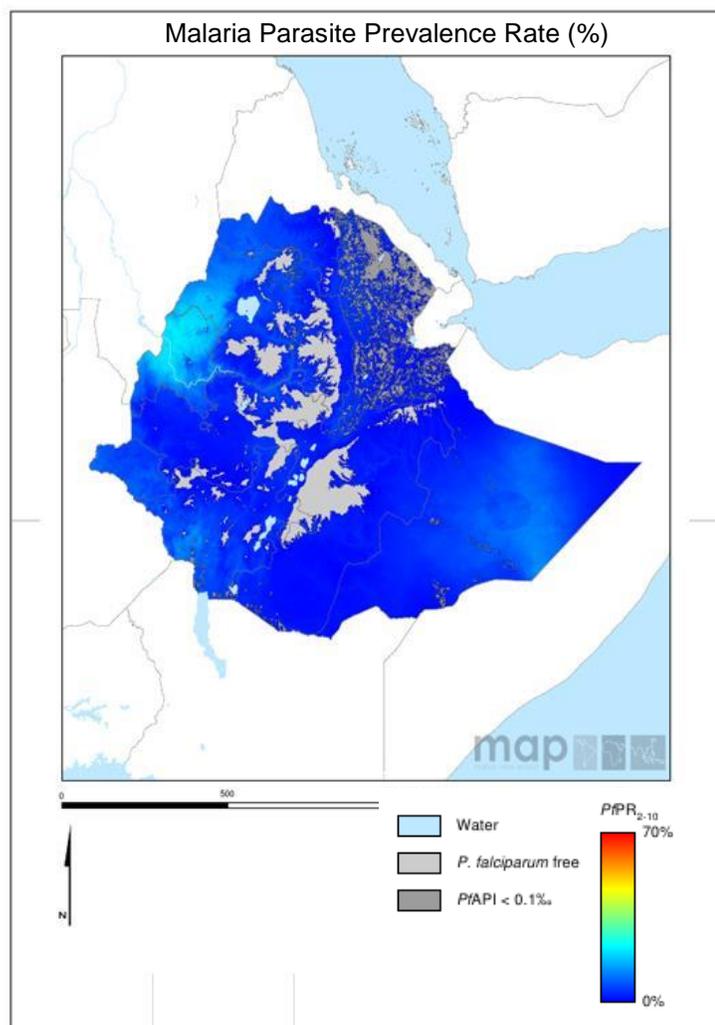


Scorecard for Accountability and Action



Malaria is endemic in Ethiopia with differing intensity of transmission, except in the central highlands which are malaria-free. The annual reported number of malaria cases in 2012 was 3,876,745 with 1,621 deaths.

Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2014)		
Community case management (Pneumonia)		
Community case management (Malaria)		
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)		3.4
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)		88
Public sector RDT financing 2014 projection (% of need)		100
Public sector ACT financing 2014 projection (% of need)		100
Operational LLIN/IRS coverage (% of at risk population)	▲	54
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)		41
% deliveries assisted by skilled birth attendant		10
Exclusive breastfeeding (% children < 6 months)		52
Vitamin A Coverage (2 doses)		71
DPT3 coverage 2011 (vaccination among 12-23 month olds)		51
Postnatal care (within 48 hrs)		7

Key

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

Urgent Global Fund Update

The Global Fund has announced that Ethiopia will receive US\$ 591.2 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Ethiopia's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Ethiopia this is calculated at US\$ 150.6 million, including US\$ 127.9 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Ethiopia is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress

Ethiopia has made significant progress in scaling-up and sustaining universal coverage of key malaria control interventions, including parasitological diagnosis, case management, and LLINs. Ethiopia has banned oral artemisinin-based monotherapies. Ethiopia has successfully introduced a policy on Community Case Management of malaria and pneumonia. Ethiopia has achieved MDG4 by reducing under-five child mortality by over two thirds since 1990. Ethiopia has significantly enhanced the tracking and accountability mechanisms with the development of the Maternal, Newborn, and Child Health Scorecard and is working to introduce similar accountability mechanisms for nutrition and for communicable diseases. Ethiopia has put in place strong public sector management systems and has achieved a rating of 3.4 for Cluster D CPIA.

Impact

The annual reported number of malaria cases in 2011 was 3,876,745 with 1,621 deaths. Ethiopia is projected to achieve a 50%–75% decrease in malaria incidence 2000–2015.

Key Challenges

- Ethiopia has mid- to long-term funding gaps for sustaining universal coverage.
- The country has documented insecticide resistance to a number of insecticides affecting the IRS programme.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q3 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q3 2014