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 2014 was 2,513,863 with 213 deaths.
Malaria
Progress
Ethiopia has made significant progress in scaling-up and sustaining universal coverage of key malaria control interventions including vector control. Ethiopia has scaled up iCCM. The country has secured sufficient resources to sustain coverage of LLINs, ACTs and RDTs in 2016. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO and has recently completed the national insecticide resistance monitoring and management plan. Ethiopia has put in place strong public sector management systems and has achieved a rating of 3.5 for Cluster D CPIA.

Impact
The annual reported number of malaria cases in 2014 was 2,513,863 with 213 deaths. WHO projects that the country will achieve a 50%–75% decrease in malaria incidence between 2000 and 2015.

Key Challenge
• Ethiopia has documented insecticide resistance to 4 insecticide classes.
**MNCH Progress**

Ethiopia achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990. The country has achieved good coverage of the tracer MNCH interventions of DPT3. Ethiopia has significantly enhanced the tracking and accountability mechanisms with the development of the Maternal, Newborn and Child Health Scorecard.

### Previous Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNCH1: Optimise quality of care</td>
<td>Work to accelerate coverage of ARTs in children under 14 years of age</td>
<td>Q1 2017</td>
<td></td>
<td>Deliverable not yet due but Ethiopia has increased ART coverage by 4% in the total population and by 1% in children. Since 2014 Ethiopia has been implementing the 2013 WHO HIV treatment guidelines and has revised the HIV testing and counseling guidelines to improve child counseling and testing, adopted the policy of testing and treating of all under 15 children living with HIV and developed a paediatric ART acceleration plan to address the low coverage. Focus is being given to optimise the identification of HIV infected children through focused testing of paediatric inpatients, TB patients, children seen through malnutrition services, children of adult index cases and AIDS orphans. Work is ongoing to improve adherence and retention in care through expanding community based adherence education by associations of PLHIV. The ongoing construction of hospitals, further decentralization of ART into Health centers and engagement of religious leaders in ART adherence education is also enhancing coverage.</td>
</tr>
</tbody>
</table>

Ethiopia has responded positively to the MNCH recommended action addressing low coverage of postnatal care and skilled birth attendants and the country continues to track progress.

**Key**

- **Green**: Action achieved
- **Yellow**: Some progress
- **Red**: No progress
- **Gray**: Deliverable not yet due

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