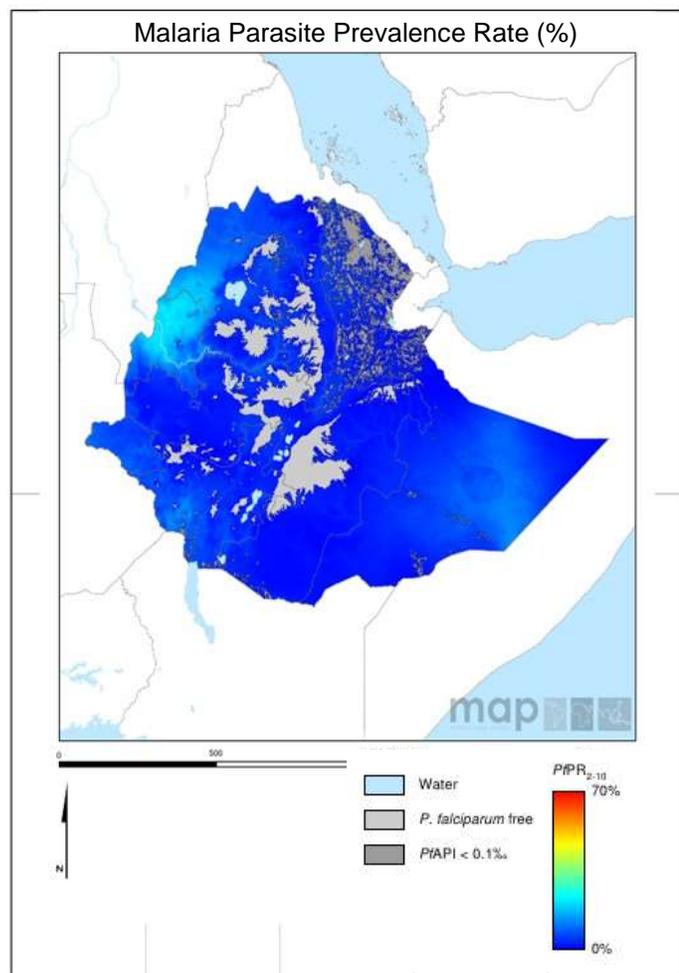


### Scorecard for Accountability and Action



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 2015 was 2,174,707 with 662 deaths.

#### Metrics

Commodities Financed and Financial Control	
LLIN financing 2016 projection (% of need)	100
Public sector RDT financing 2016 projection (% of need)	100
Public sector ACT financing 2016 projection (% of need)	100
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	3.5
Insecticide Resistance Monitoring, Implementation and Impact	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	4
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2016)	
Operational LLINIRS coverage (% of at risk population)	99
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	
Tracer Indicators for Maternal and Child Health	
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	55
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	33
% deliveries assisted by skilled birth attendant	▲ 28
Postnatal care (within 48 hrs)	▲ 17
Exclusive breastfeeding (% children < 6 months)	▲ 58
Vitamin A Coverage 2014 (2 doses)	71
DPT3 coverage 2015 (vaccination among 0-11 month olds)	86

#### Key

<span style="background-color: #90EE90; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Target achieved or on track
<span style="background-color: #FFFF00; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Progress but more effort required
<span style="background-color: #FF0000; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Not on track
<span style="background-color: #808080; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	No data/Not applicable

## **Malaria**

### **Global Fund Update**

The Global Fund has announced that Ethiopia will receive US\$ 375.6 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. 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\$ 130 million. 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, as well as from domestic resources, 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 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 2015 was 2,174,707 with 662 deaths. WHO estimates that the country has achieved a decrease of greater than 40% in the malaria incidence rate and malaria mortality rate for the period 2010 - 2015.

### **Key Challenges**

- Ethiopia has documented insecticide resistance to 4 insecticide classes.
- Outstanding resource gaps following the Global Fund malaria allocation.

### **New Key Recommended Action**

<b>Objective</b>	<b>Action Item</b>	<b>Suggested completion timeframe</b>
Address funding	Ensure the GF malaria funding application is submitted by Q2 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years. Work to mobilise additional resources to fill outstanding gaps	Q2 2017

## MNCH

### Progress

Ethiopia has achieved good coverage of the tracer MNCH interventions of DPT3 and has recently achieved high coverage in exclusive breastfeeding, and enhanced coverage in postnatal care and skilled birth attendants. Ethiopia has significantly enhanced the tracking and accountability mechanisms with the development of the Maternal, Newborn and Child Health Scorecard.

### Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH <sup>1</sup> : Optimise quality of care	Work to accelerate coverage of ARTs in children under 14 years of age	Q1 2017		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 paediatric ART coverage. Focus is being given to optimize identification of HIV infected children through focused testing of paediatric inpatients, paediatric 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

Ethiopia has responded positively to the MNCH recommended action addressing low coverage of postnatal care and skilled birth attendants and there have been recent increases in coverage resulting from these action taken.

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

<sup>1</sup> MNCH metrics, recommended actions and response tracked through WHO MCA