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.
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

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>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</td>
<td>Q2 2017</td>
</tr>
</tbody>
</table>
**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**

<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 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.</td>
</tr>
</tbody>
</table>

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

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