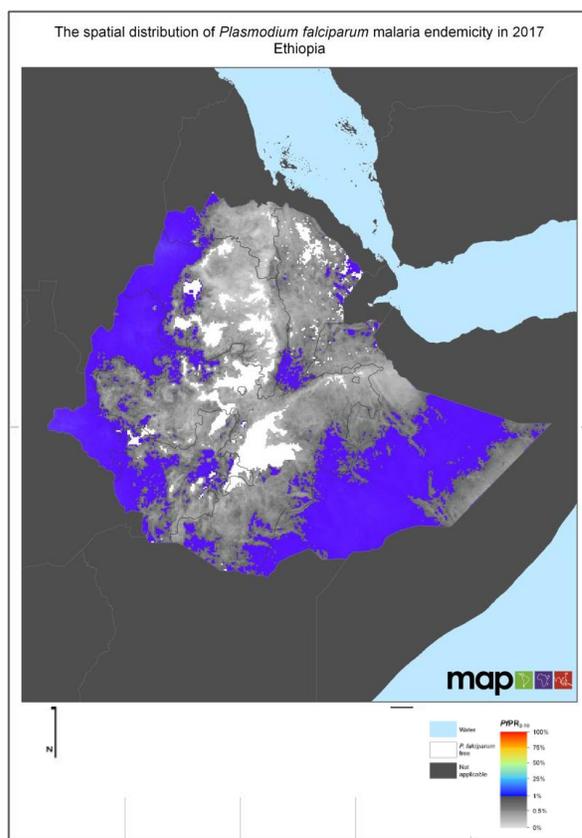


### Scorecard for Accountability and Action



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 2018 was 1,206,891 with 158 deaths.

#### Metrics

Commodities Financed and Financial Control	
LLIN financing 2020 projection (% of need)	100
Public sector RDT financing 2020 projection (% of need)	100
Public sector ACT financing 2020 projection (% of need)	100
World Bank rating on public sector management and institutions 2018 (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 2015 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
RDTs in stock (>9 months stock)	
ACTs in stock (>9 months stock)	
LLIN/IRS campaign on track	
Country Reporting Launch of Zero Malaria Starts with Me Campaign	
Scale of Implementation of iCCM (2017)	
Operational LLIN/IRS coverage (% of at risk population)	85
On track to reduce case incidence by ≥40% by 2020 (vs 2015)	
On track to reduce case mortality by ≥40% by 2020 (vs 2015)	
Tracer Indicators for Maternal and Child Health and NTDs	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018)	75
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2019)	74
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2019)	48
% deliveries assisted by skilled birth attendant	28
Postnatal care (within 48 hrs)	17
Exclusive breastfeeding (% children < 6 months)	57
Vitamin A Coverage 2018 (2 doses)	48
DPT3 coverage 2019 (vaccination among 0-11 month olds)	69

#### Key

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

## **Malaria**

### **Sustaining Essential Health Services During the COVID-19 Pandemic**

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying. Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Ethiopia, we commend the Ministry of Health, in the decision to go ahead with the universal coverage campaign for LLINs and IRS, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. Based on WHO modelling. This decision, allied with sustained malaria case management through the health system will prevent a significant increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and with a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could have been a 15.7% increase in malaria cases, and a 15% increase in malaria deaths in Ethiopia. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

### **Global Fund Update**

The Global Fund has announced that Ethiopia will receive US\$444.6 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. 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\$115.3 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 further accelerate progress.

## Progress

Ethiopia has scaled up iCCM and secured sufficient resources to sustain coverage of LLINs, IRS, ACTs and RDTs in 2020. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and has recently completed the national insecticide resistance monitoring and management plan. The country has recently launched its Zero Malaria Starts with me campaign. Ethiopia has put in place strong public sector management systems and has achieved a rating of 3.5 for Cluster D CPIA. Ethiopia has decreased the estimated malaria incidence and mortality rates by more than 40% since 2015.

## Impact

The annual reported number of malaria cases in 2018 was 1,206,891 with 158 deaths.

## Key Challenges

- Ethiopia has documented insecticide resistance to 4 insecticide classes.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

## Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the GF malaria funding application is submitted by Q3 2020 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 2020		Deliverable not yet due but work has begun on the GF application
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020		The country reports that there are adequate stocks of ACTs, but Ethiopia is awaiting a delivery of RDTs, which has been delayed by the COVID-19 pandemic. The IRS campaign is progressing well with 14 districts completed and 23 in process. The LLIN campaign is also ongoing

## RMNCAH and NTDs

### Progress

Ethiopia has achieved good coverage of the tracer RMNCAH intervention exclusive breastfeeding and has recently increased coverage of ARTs in the total population. Ethiopia has significantly enhanced the tracking and accountability mechanisms with the development of the Maternal, Newborn, Child and Adolescent Health Scorecard, including with the introduction of community level scorecards.

Progress in addressing Neglected Tropical Diseases (NTDs) in Ethiopia is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Ethiopia is very good for schistosomiasis (89%), onchocerciasis (82%), trachoma (81%) and for lymphatic filariasis (68%). Preventive chemotherapy coverage is below WHO target for soil transmitted helminths (59%). Overall, the NTD preventive chemotherapy coverage index

for Ethiopia in 2018 is 75, which represents a slight decrease compared with the 2017 index value (76).

### Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH <sup>1</sup> : Optimise quality of care	Address the falling coverage of vitamin A	Q1 2021		Deliverable not yet due
RMNCAH <sup>1</sup> : Impact	Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities	Q4 2020		As part of maintaining routine RMNCAH services during the COVID-19 pandemic, the country has developed a comprehensive implementation guide based on WHO guidance shared with regional stakeholders. Training modules have been developed for HEWs and disseminated through IVR technology and mobile applications. The country RMNCAH scorecard continues to be shared with regions and partners on a weekly basis and is being used to monitor declines in the coverage. For example, reduced access to skilled delivery and postnatal care led to the provision of technical and logistical support at all levels. The Ministry uses weekly zoom meetings with regions to monitor essential health services

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

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

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