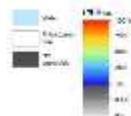
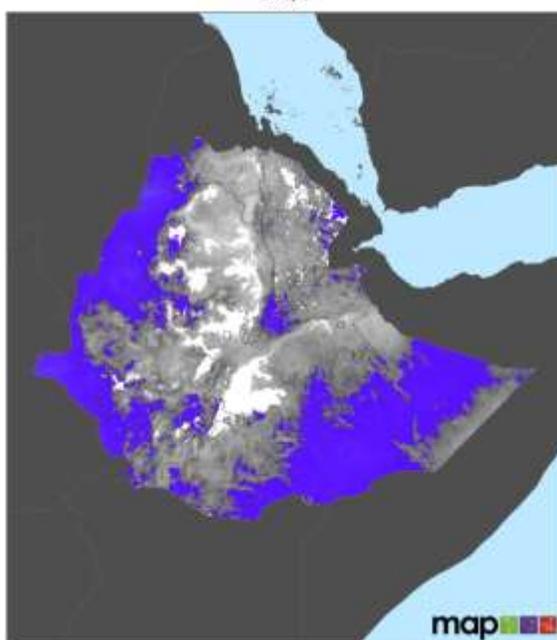


Scorecard for Accountability and Action

The spatial distribution of *Plasmodium falciparum* malaria endemicity in 2017
Ethiopia



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 2019 (CPIA Cluster D)	3.4
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)	
LLINIRS campaign on track	
Country Reporting Launch of Zero Malaria Starts with Me Campaign	
Scale of Implementation of ICCM (2017)	
Operational LLINIRS coverage (% of at risk population)	▲ 91
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)	11
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. This decision, coupled 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 estimated 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.

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 3.4 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 Actions

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		The country successfully submitted the GF funding request
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).

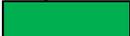
Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH ¹ : Optimise quality of care	Address the falling coverage of vitamin A	Q1 2021		Vitamin A was previously provided through campaign modes including the Enhanced Outreach Strategy and Child Health Days, however, when the country transitioned to routine health facility distribution, coverage dropped. In order to improve coverage, the country has provided technical and financial support to strengthen routine services; including for support supervision. Transition specific guidelines have been developed and disseminated, accompanied by a nationwide orientation and training for frontline workers and managers. TV and radio messages have been disseminated. Vitamin A has now been included in the HMIS and recording and reporting tools have been developed and disseminated, and coverage has been prioritized for independent verification every six months. Finally, supplies are regularly delivered to all regions to ensure vitamin A availability
RMNCAH ¹ : 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		The MCH directorate is working to maintain routine service delivery of essential RMNCAH interventions during the COVID-19 pandemic. this includes the development of a mitigation plan which has been shared with the regions to sustain routine immunization. SBC materials have been developed to strengthen communication. Immunisation and vaccine preventable disease surveillance data has been monitored routinely to take action. Immunization logistics shipments have changed from sea shipment to air flight in order to have regular supplies. The FMOH has vaccinated over 14 million children from 9 months to 59 months for measles with 96% achievement with strict prevention for COVID-19. Additionally, a labour & delivery algorithm has been developed and a non-COVID-19 implementation guide has been developed for sustaining essential services. A self-care technical document was developed for PMTCT. Virtual meetings have been conducted to mitigate the restriction of face to face meeting

¹ RMNCAH metrics, recommended actions and response tracked through WHO

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