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 2020 was 1,848,231 with 173 deaths.
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, Neglected Tropical Diseases and malaria.

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.

WHO estimates that there were an additional 47,000 malaria deaths globally in 2020 due to service disruptions during the COVID-19 pandemic, leading to an estimated 7.5% increase in deaths.

It is essential to ensure the continuity of malaria, RMNCAH and NTD services in 2022 as the COVID-19 pandemic continues to impact our continent. This may include the implementation of any necessary catch-up activities and ensuring timely planning to account for potential delays in procurement and delivery. Any intervention must ensure the safety of communities and health workers given the ease of transmission of COVID-19.

The country has been affected by the continent-wide restriction of access to COVID-19 vaccines and had only been able to cover 5% of their population by the end of 2021.

**Malaria**

**Progress**

Ethiopia has scaled up iCCM and secured sufficient resources to sustain coverage of LLINs, IRS, ACTs and RDTs in 2021. 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 decreased the estimated malaria incidence and mortality rates by more than 40% since 2015.

**Impact**

The annual reported number of malaria cases in 2020 was 1,848,231 with 173 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, malaria and Neglected Tropical Diseases.
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>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2022</td>
<td></td>
<td>The country reports that there are sufficient stocks of RDTs, but stocks of ACTs have been low, and procurement has been accelerated to avoid stock-outs. The planned IRS campaign was completed and the LLIN campaign rolled out as planned. Health seeking behaviour for malaria diagnosis and treatment dropped by around 15% in the last 6 months of 2020. In response, the country has implemented house-to-house visits to increase case finding and treatment in high prevalence malaria areas, thereby preventing malaria complications with increasing morbidity and mortality. This approach will continue as long as the COVID-19 pandemic remains in Ethiopia</td>
</tr>
</tbody>
</table>

New Recommended Actions

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. In 2020, preventive chemotherapy coverage was 73% for onchocerciasis, 33% for soil-transmitted helminthiasis, 29% for lymphatic filariasis, 24% for trachoma and 0% for schistosomiasis. Overall, the NTD preventive chemotherapy coverage index for Ethiopia in 2020 is 11, which represents a very substantial decrease compared with the 2019 index value (65).
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<tr>
<td>RMNCAH1: Impact</td>
<td>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</td>
<td>Q4 2022</td>
<td>Ethiopia has prioritized sustaining essential health services during the COVID-19 pandemic. For example, the maternal health annual performance report and annual plan were prepared. Supportive supervision on maternity waiting homes was conducted. The PMTCT annual plan has been developed and aligned across different stakeholders and regions. Child Health capacity building activities included Training of Trainers in IMNCI. The EPI team conducted an annual performance review meeting with regions, partners and other stakeholders. More than 2.8 million people received COVID-19 vaccine with an additional 7.9 million doses received as of September. COVID-19 vaccine roll out and demand creation and communication activities were conducted including TV and radio spots. The national Adolescent and Youth Health Strategy (2021-2025) was costed and the Adolescence and Youth Health Case Team Plan was prepared. Reproductive Health and Dignity Kits were provided to IDPs in the Amhara and Afar regions. The Food and Nutrition strategy was finalised and resource mapping conducted. The Food and Nutrition strategy and Seqota declaration expansion phase was officially launched in the presence of the President Sahilework Zewudie. The MOH has coordinated a series of activities to minimize the impact of COVID-19 on implementation of key Reproductive Health services including; training for regional EPI experts on the COVID-19 vaccination campaign; training on DHIS2 and meta analysis for EPI staff; an assessment on Family Planning service provision, including identification of existing practices and bottlenecks was conducted at woreda and facility levels. To expand provision of quality family planning services to clients the ministry has been implementing National FP quality standards in selected health facilities based on the findings of the baseline assessment. Financial and technical support were provided to Afar and Amhara regions to build the capacity of health care providers working in IDP settings on comprehensive Family Planning</td>
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1 RMNCAH metrics, recommended actions and response tracked through WHO
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<td>NTDs</td>
<td>Recognising the negative impact of COVID-19 on the 2020 MDA coverage, ensure that NTD interventions including MDAs, vector control and Morbidity Management and Disability Prevention are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. This includes prioritizing key necessary catch up activities including working to track the use of the 11 million Praziquantel tablets issued to districts that are expiring in February 2022 and track the leftover stocks at district level, retrieve expired drugs after MDA for incineration and accountability purposes and ensure the First-Expire-First-Out (FEFO) method is effectively implemented at national level</td>
<td>Q4 2021</td>
<td>✔️</td>
<td>Whilst respecting COVID-19 preventive measures, the country implemented NTD control and elimination interventions. The country put in place the necessary prevention precautions and the following activities were conducted: MDA for onchocerciasis, lymphatic filariasis, trachoma, schistosomiasis and soil transmitted helminths; Trichiasis surgery especially at facility level and to some extent through community outreach; Morbidity management and disability prevention for lymphedema and hydrocele; Trachoma impact and surveillance surveys; Pre-Transmission Assessment; Visceral leishmaniasis treatment centre expansion undertaken. In quarter 4 2021, Mass Drug Administration (MDA), Morbidity management and disability preventions (MMDP) and environment control activities continued as planned. As a national standard, First-Expire-First-Out (FEFO) is implemented at the national level and is also applied to MDA commodities. For Praziquantel tablets with due expiry in February 2022, the country is organizing MDA where those medicines will be used</td>
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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.

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**Key**

- 🟢 Action achieved
- 🟡 Some progress
- 🔴 No progress
- 🟥 Deliverable not yet due