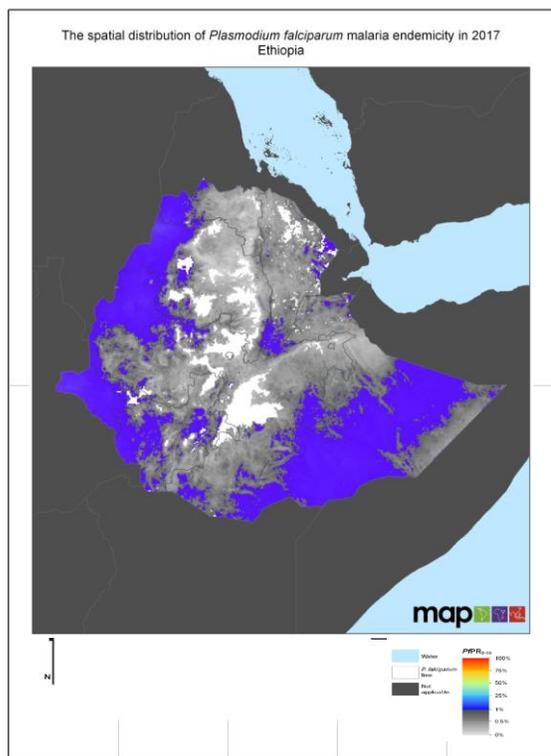


Scorecard for Accountability and Action



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 2020 was 1,848,231 with 173 deaths.

Metrics

Commodities Financed	
LLIN financing 2022 projection (% of need)	99
Public sector RDT financing 2022 projection (% of need)	100
Public sector ACT financing 2022 projection (% of need)	73

Policy	
Signed, ratified and deposited the AMA instrument at the AUC	
Malaria activities targeting refugees in Malaria Strategic Plan	
Malaria activities targeting IDPs in Malaria Strategic Plan	
Country Reporting Launch of Zero Malaria Starts with Me Campaign	

Resistance Monitoring, Implementation and Impact	
Drug Resistance Monitoring Conducted (2018-2020) and data reported to WHO	
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 (>6 months stock)	
ACTs in stock (>6 months stock)	
LLIN/IRS campaign on track	
Operational LLIN/IRS coverage (% of at risk population)	86
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, NTDs and Covid 19	
Scale of Implementation of ICCM	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2020)	11
Estimated % of children (0-14 years old) living with HIV who have access to antiretroviral therapy (2020)	40
Vitamin A Coverage 2020 (2 doses)	66
DPT3 coverage 2020 (vaccination among 0-11 month olds)	71
% Population Fully Vaccinated Against COVID-19	18

Key

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

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.

Given the difficulties in securing essential health commodities in Africa during the COVID-19 pandemic, it is of vital importance that countries sign, ratify and deposit the African Medicines Agency (AMA) instrument with the AUC in order to improve access to quality, safe and efficacious medical products in Africa. The country is encouraged to do this.

The country has been affected by the continent-wide restriction of access to COVID-19 vaccines and had only been able to cover 18% of their population by April 2022. The country, working with partners, should invest in education and behaviour change communication to increase the uptake of COVID vaccines and therapeutics.

Malaria

Progress

Ethiopia has scaled up iCCM and secured sufficient resources to sustain coverage of LLINs and RDTs in 2022. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan and has carried out drug resistance testing since 2018 and has reported the results to WHO. The national strategic plan includes activities targeting refugees and IDPs. The country has 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

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
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 2022		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

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Policy	Sign, ratify and deposit the AMA instrument at the AUC	Q1 2023

RMNCAH and NTDs

Progress

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).

Previous Key Recommended Actions

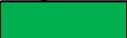
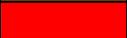
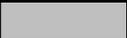
Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH ¹ : Impact	Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities	Q4 2022		Ethiopia has prioritized sustaining essential health services during the COVID-19 pandemic. For example, for Family Planning (FP) a national Technical Working Group meets monthly to discuss the FP supply chain and there is quarterly exercise to look at pipeline stocks and shipping status. As part of the World Contraceptive Day celebration, the FP 2030 commitment “to see a healthy and prosperous society through increased access and utilization of contraceptive service” was declared in the presence of Minister of Health, Minister of Finance, Minister of Planning, Regional Health Bureaus, Donors, Civil Society Organizations, and implementing partners. The PMTCT team have expanded services to an additional 119 health facilities, and PMTCT supplies were mobilized for conflict affected health centres. For EPI, virtual and in-person COVID 19 training was provided to RHB staffs, EPI partners and cascaded to lower levels for the vaccination campaigns. Training on the scale up of COVID vaccination data tracking through DHIS2 was provided in 340 woredas. Integrated COVID-19 and HPV sensitization training was provided for the MOH, Government communication officers, Government and private media, teachers associations and education sector. Under Child Health, clinical mentorships were carried out in 37 hospitals located in six different regions. In Adolescent and Youth Health (AYH), the health facilities providing AYH services were supported through on the job mentoring and follow-up with the objective of strengthening collaboration with other stakeholders, the community and youths themselves. The national AYH training material revision workshop was conducted, and the training material was revised in line with newly updated global and national findings and aligned with revised national strategic documents. Under Nutrition, Disbursement linked nutrition indicators (DLIS) verification was conducted in 6 regions (Afar, Amhara, Oromia, Benishangul ,Gumuz, Gambella) selecting woredas through document review and key informant interview. Implementation guidelines for multisectoral coordination, adolescent, maternal infant and young children nutrition, including micronutrients, were revised in accordance with the endorsed food and nutrition strategy

¹ RMNCAH metrics, recommended actions and response tracked through WHO

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
NTDs	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	Q4 2021		The country is conducting NTD prevention and control interventions as planned. In Q1 2022, the country is conducting MDA targeting STH and SCH and the plan is to use all the medicines before the expiry date. The country had about 2M of PQZ expired last year due to the insecurity in some regions but measures are being taken to avoid any other drug expiry

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