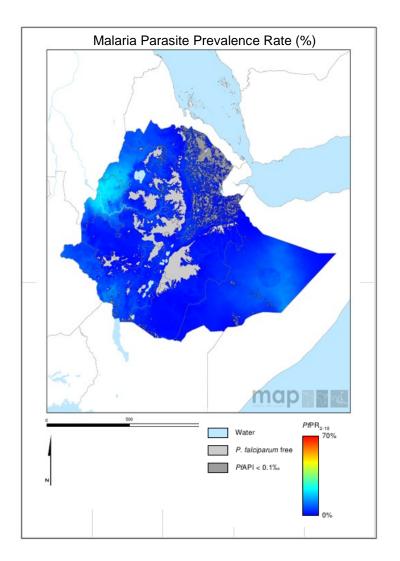
# **Ethiopia ALMA Quarterly Report Quarter Three, 2016**



## **Scorecard for Accountability and Action**



#### Metrics

etrics		
Commodities Financed and Financial Control		
LLIN financing 2016 projection (% of need)		100
Public sector RDT financing 2016 projection (% of need)		100
Public sector ACT financing 2016 projection (% of need)		100
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)		3.5
Insecticide Resistance Monitoring, Implementation ar	nd I	Impact
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		4
Insecticide resistance monitored since 2014 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
Scale of Implementation of ICCM (2013)		
Operational LLIN/IRS coverage (% of at risk population)		100
>75% Decrease in Malaria Incidence Projected 2000–2015		
Tracer Indicators for Maternal and Child Health		
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)		55
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)		33
% deliveries assisted by skilled birth attendant		16
Postnatal care (within 48 hrs)		12
Exclusive breastfeeding (% children < 6 months)		52
Vitamin A Coverage 2014 (2 doses)		71
DPT3 coverage 2015 (vaccination among 0-11		86

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 2014 was 2,513,863 with 213 deaths.

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

month olds)

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#### Malaria

#### **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 2014 was 2,513,863 with 213 deaths. WHO projects that the country will achieve a 50%–75% decrease in malaria incidence between 2000 and 2015.

### **Key Challenge**

• Ethiopia has documented insecticide resistance to 4 insecticide classes.

## **MNCH**

#### **Progress**

Ethiopia achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990. The country has achieved good coverage of the tracer MNCH interventions of DPT3. Ethiopia has significantly enhanced the tracking and accountability mechanisms with the development of the Maternal, Newborn and Child Health Scorecard.

**Previous Key Recommended Actions** 

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
MNCH <sup>1</sup> : Optimise quality of care	Work to accelerate coverage of ARTs in children under 14 years of age	Q1 2017		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 coverage. Focus is being given to optimise the identification of HIV infected children through focused testing of paediatric inpatients, 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

Ethiopia has responded positively to the MNCH recommended action addressing low coverage of postnatal care and skilled birth attendants and the country continues to track progress.



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