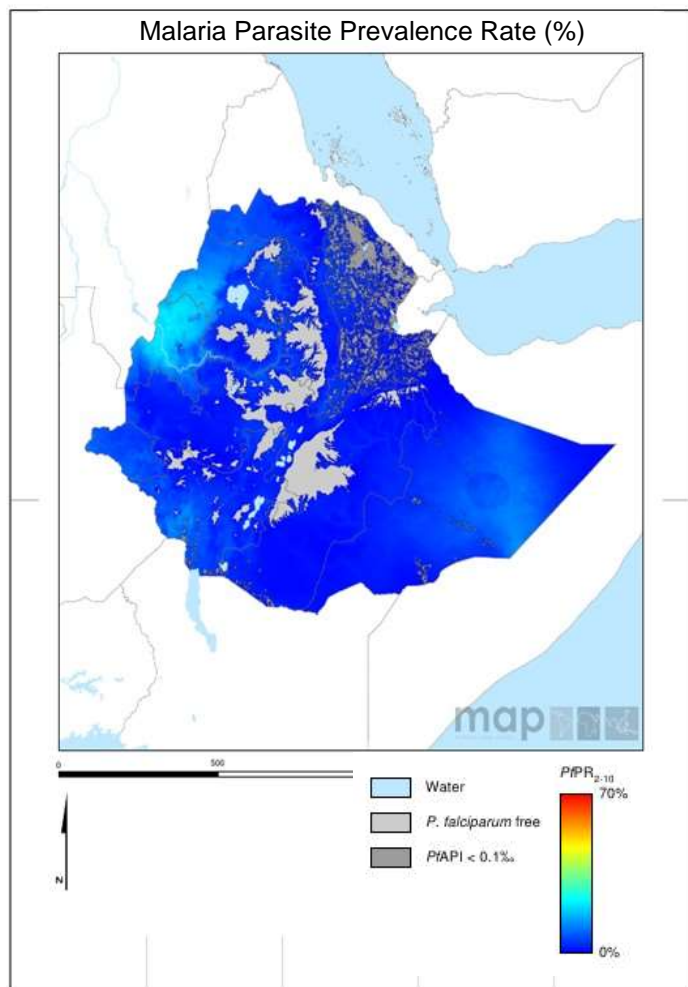


Scorecard for Accountability and Action



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 2015 was 2,174,707 with 662 deaths.

Metrics

Commodities Financed and Financial Control	
LLIN financing 2017 projection (% of need)	100
Public sector RDT financing 2017 projection (% of need)	100
Public sector ACT financing 2017 projection (% of need)	100
World Bank rating on public sector management and institutions 2015 (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 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of icCM (2016)	
Operational LLIN/IRS coverage (% of at risk population)	89
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	
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	28
Postnatal care (within 48 hrs)	17
Exclusive breastfeeding (% children < 6 months)	58
Vitamin A Coverage 2014 (2 doses)	71
DPT3 coverage 2015 (vaccination among 0-11 month olds)	86

Key

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

Malaria

Global Fund Update

The Global Fund has announced that Ethiopia will receive US\$ 375.6 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. 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\$ 130 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 sustain the gains made in recent years.

Progress

Ethiopia has scaled up iCCM. The country has secured sufficient resources to sustain coverage of LLINs, IRS, ACTs and RDTs in 2017. 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 2015 was 2,174,707 with 662 deaths. WHO estimates that the country has achieved a decrease of greater than 40% in the malaria incidence rate and malaria mortality rate for the period 2010 - 2015.

Key Challenges

- Ethiopia has documented insecticide resistance to 4 insecticide classes.
- Outstanding resource gaps following the Global Fund malaria allocation.

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 Q2 2017 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 2017		Deliverable not yet due but the country has commenced work on the GF funding application

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Vector Control	Investigate and address the reasons for the decreasing coverage of vector control	Q4 2017

MNCH

Progress





Ethiopia has achieved good coverage of the tracer MNCH intervention exclusive breastfeeding. 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 ¹ : Optimise quality of care	Work to accelerate coverage of ARTs in children under 14 years of age	Q1 2017		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

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

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA