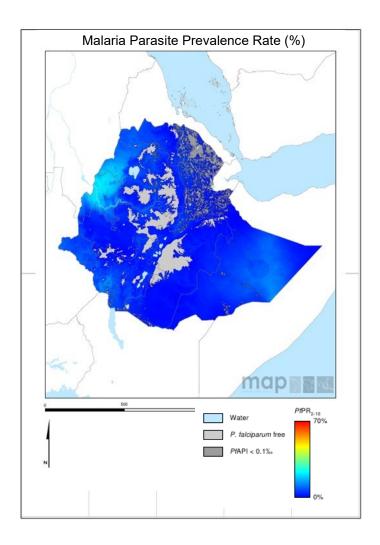
Ethiopia ALMA Quarterly Report Quarter Four, 2017



Scorecard for Accountability and Action



Metrics **Commodities Financed and Financial Control** LLIN financing 2017 projection (% of need) 100 Public sector RDT financing 2017 projection (% of 100 Public sector ACT financing 2017 projection (% of 100 need) World Bank rating on public sector management 3.5 and institutions 2016 (CPIA Cluster D) Insecticide Resistance Monitoring, Implementation and Impact Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010 Insecticide resistance monitored since 2015 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 92 population) Change in malaria incidence rate (2010-2016) Tracer Indicators for Maternal and Child Health and NTDs Mass Treatment Coverage for Neglected Tropical 51 Disease (NTD index, %)(2016) Estimated % of Total Population living with HIV who 59 have access to antiretroviral therapy (2016) Estimated % of children (0-14 years old) living with 34 HIV who have access to antiretroviral therapy (2016) % deliveries assisted by skilled birth attendant 28 17 Postnatal care (within 48 hrs) Exclusive breastfeeding (% children < 6 months) 58 Vitamin A Coverage 2015 (2 doses) 74 DPT3 coverage 2016 (vaccination among 0-11 96 month olds)

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 2016 was 1,962,996 with 510 deaths.

Key



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Malaria

Progress

Ethiopia has scaled up iCCM and secured sufficient resources to sustain coverage of LLINs, IRS, ACTs and RDTs in 2017. 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. 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 2016 was 1,962,996 with 510 deaths. WHO estimates that the country has recorded a more than 20% increase in the malaria incidence rate for the period 2010 - 2016.

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	Work to accelerate the signature of the GF grant	Q4 2017		The country completed the grant making requirements for grant approval

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Impact	Investigate and address the reasons for the WHO estimated increase of greater than 20% in the malaria incidence rate between 2010 and 2016	Q4 2018

MNCH and NTDs

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, 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 high for onchocerciasis (80%). Coverage is 45% for lymphatic filariasis, 36% for schistosomiasis, 41% for soil transmitted helminths and 64% for trachoma. Overall, the NTD preventive chemotherapy coverage index for Ethiopia in 2016 is 51, which represents a slight increase compared with the 2015 index value (47).

Previous Key Recommended Actions

Ethiopia has responded positively to the MNCH recommended actions addressing low coverage of postnatal care. ARTs in children under 14 years of age and skilled birth

attendants and there have been recent increases in coverage resulting from these actions taken.

