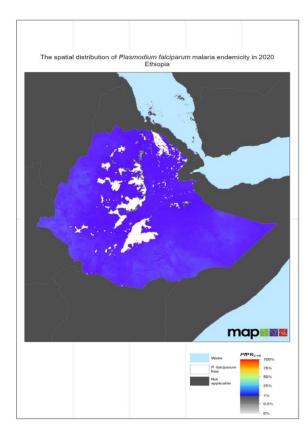
Ethiopia ALMA Quarterly Report Quarter Four, 2023



Scorecard for Accountability and Action



Financing			
LLIN financing (2024-2026) projection (% of need)			6
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)			
% of National Malaria Strategic Plan Financed (2024- 2026)			7
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			
Zero Malaria Starts With Me Launched			
End Malaria Council and Fund Launched			
Resistance Monitoring, Implementation and Impact			
Drug efficacy studies conducted since 2019 and data reported to WHO			
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010			ĺ
Insecticide resistance monitored since 2015 and data reported to WHO			
RDTs in stock (>6 months stock)			
ACTs in stock (>6 months stock)			
LLIN/IRS campaign on track			
% of ITNs/IRS delivered in 2023 that include next generation insecticides			
On track to reduce case incidence by ≥55% by 2022 (vs 2015)			
On track to reduce case mortality by ≥55% by 2022 (vs 2015)			
Tracer Indicators for Maternal and Child Health, NTDs an	d C	ovid 19	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2022)	•		5
% of Neglected Tropical Disease MDAs Achieving WHO Targets			
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2022)			4
Vitamin A Coverage 2022 (2 doses)			6
DPT3 coverage 2022 (vaccination among 0-11 month			6

Key

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 2022 was 1,837,213 with 180 deaths.



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

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Malaria

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the Anopheles stephensi mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$50 million

Progress

Ethiopia 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 and is on track to achieve the 2025 targets.

In line with the priority agenda of the ALMA chair, His Excellency President Umaro Sissoco Embaló, Ethiopia has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard, although this has not yet been shared to the ALMA Scorecard Hub. The country received the ALMA Joyce Kafanabo Award for Innovation and Excellence during the AU Summit in February 2023. The country should consider establishing an End Malaria Council and Fund to enhance domestic resource mobilization and multi-sectoral action.

Impact

The annual reported number of malaria cases in 2022 was 1,837,213 with 180 deaths.

Key Challenges

- Ethiopia has documented insecticide resistance to 4 insecticide classes.
- Resource gaps to fully implement the national strategic plan.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Resource Mobilisation	Work to fill key gaps in malaria funding	Q2 2024		Deliverable not yet due but the country has prioritised resources to ensure that the higher burden areas are covered. Despite this there remain gaps in ITNs and IRS coverage

Reproductive, Maternal, Newborn, Adolescent and Child Health

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 institutionalisation of community scorecards.

Neglected Tropical Diseases

Progress

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 2022, preventive chemotherapy coverage was 56% for onchocerciasis, 27% for trachoma, 74% for schistosomiasis, 50% for lymphatic filariasis, and 64% for soil-transmitted helminthiasis. Overall, the NTD preventive chemotherapy coverage index for Ethiopia in 2022 is 51, which represents a substantial increase compared with the 2021 index value (38). The country did not reach any WHO MDA coverage target in 2022. Ethiopia has significantly enhanced the tracking and accountability mechanisms with the development of the NTD Scorecard tool. The country has signed the Kigali declaration.

Objective	Action Item	Suggested completion timeframe
Optimise quality of care	Work to increase the coverage of the preventive chemotherapy for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma and reach WHO targets.	Q4 2024

New Key Recommended Action

Key

Action achieved
Some progress
No progress
Deliverable not yet due