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MINISTRY OF HEALTH, ETHIOPIA

**RBM/CRSPC Eastern and Southern Africa  
National Malaria Programmes and Partners Annual  
Meeting**

**3-6 October 2023, Kampala, Uganda**

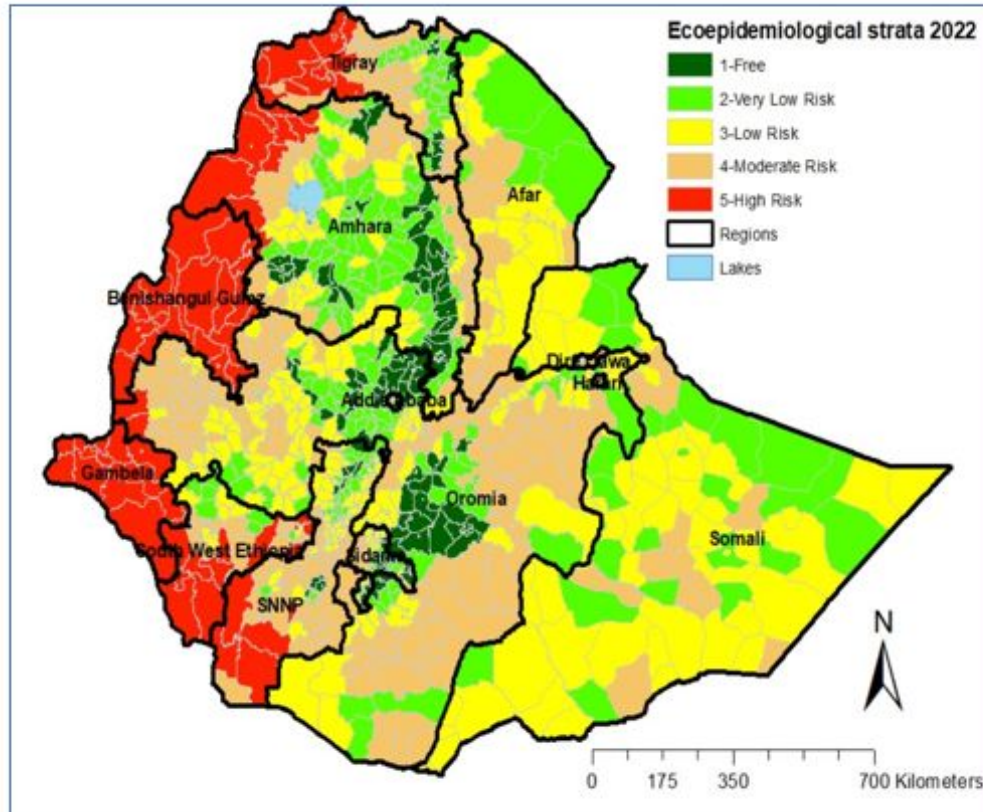
**Updates: ETHIOPIA**

# Outline

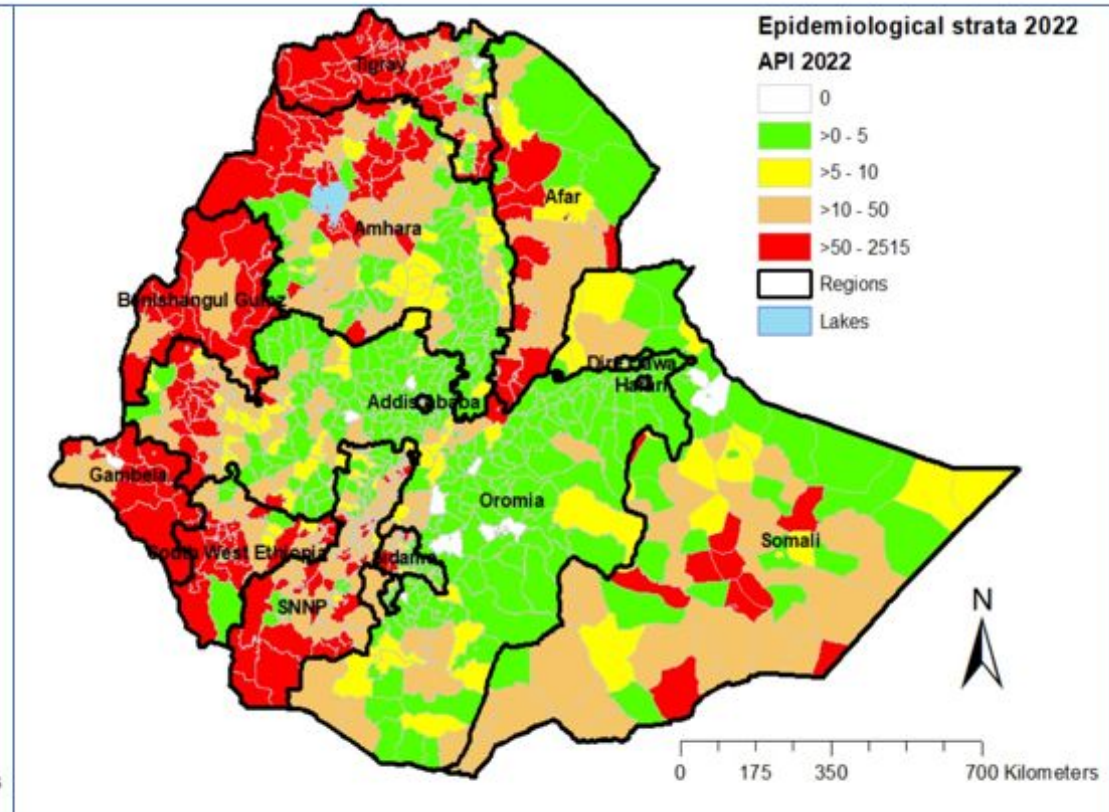
- **Introduction**
- **Program Implementation Status**
- **Other Major achievements**
- **Bottlenecks/Challenges**
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- **Technical Assistance**

# Malaria Situation of Ethiopia: Burden, Epidemiology and Stratification

A. Eco-epidemiological stratification of malaria based on environmental and climatic risk variables in Ethiopia, 2022



B. Epidemiological stratification of malaria case bases on annual parasite incidence (cases/1000 pop)



## Determinants factors:

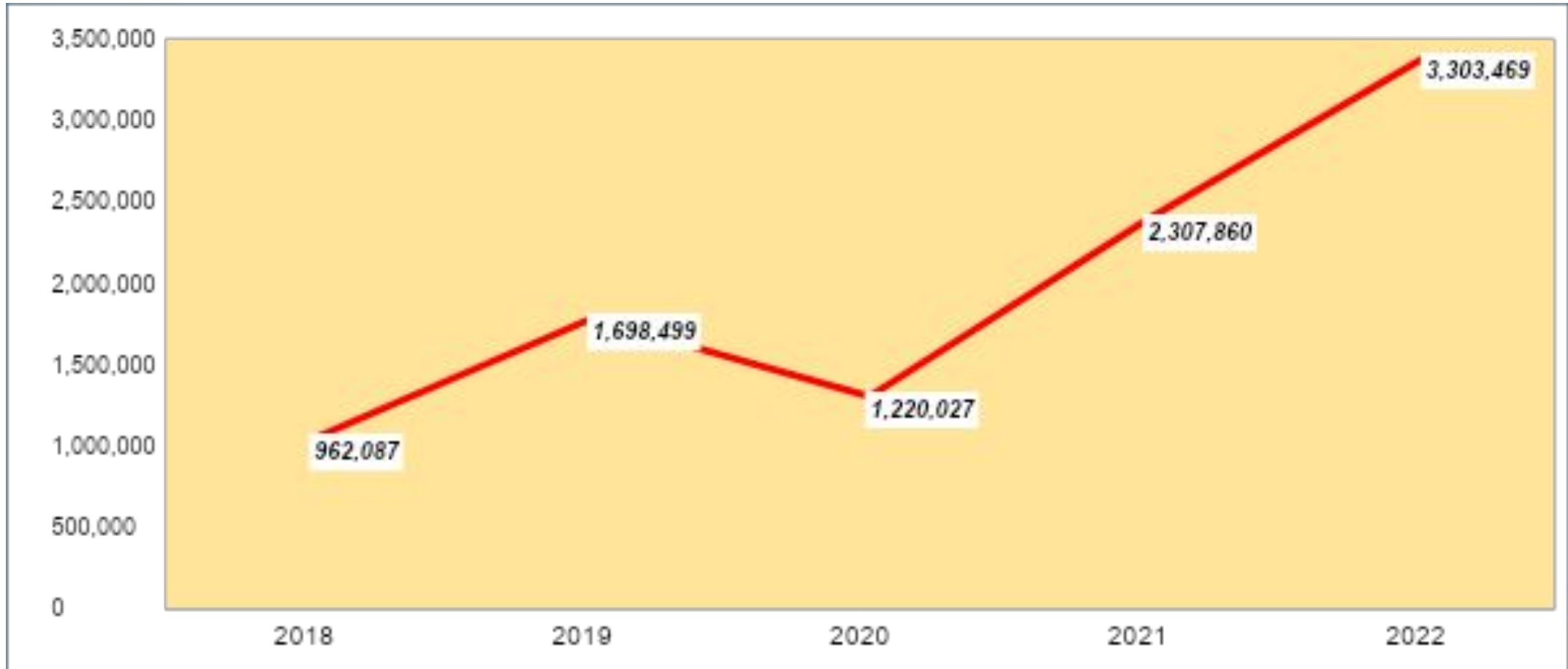
- Altitude & climate (rainfall and temperature)
- Mainly occurs up to 2,000 masl; rare case up to 2,500 masl
- Seasonal & unstable nature of transmission
- *P. falciparum* (80.1%) & *P. vivax* (19.9%) are the dominant species, DHIS2 (2020/21)

- **Vector:** *An. Arabiensis* & *An. stephensi*
- 75% the area/landmass is suitable for malaria transmission;
- 69% population is @ risk of malaria infection (Total population = 107 million)

# Program Implementation Status

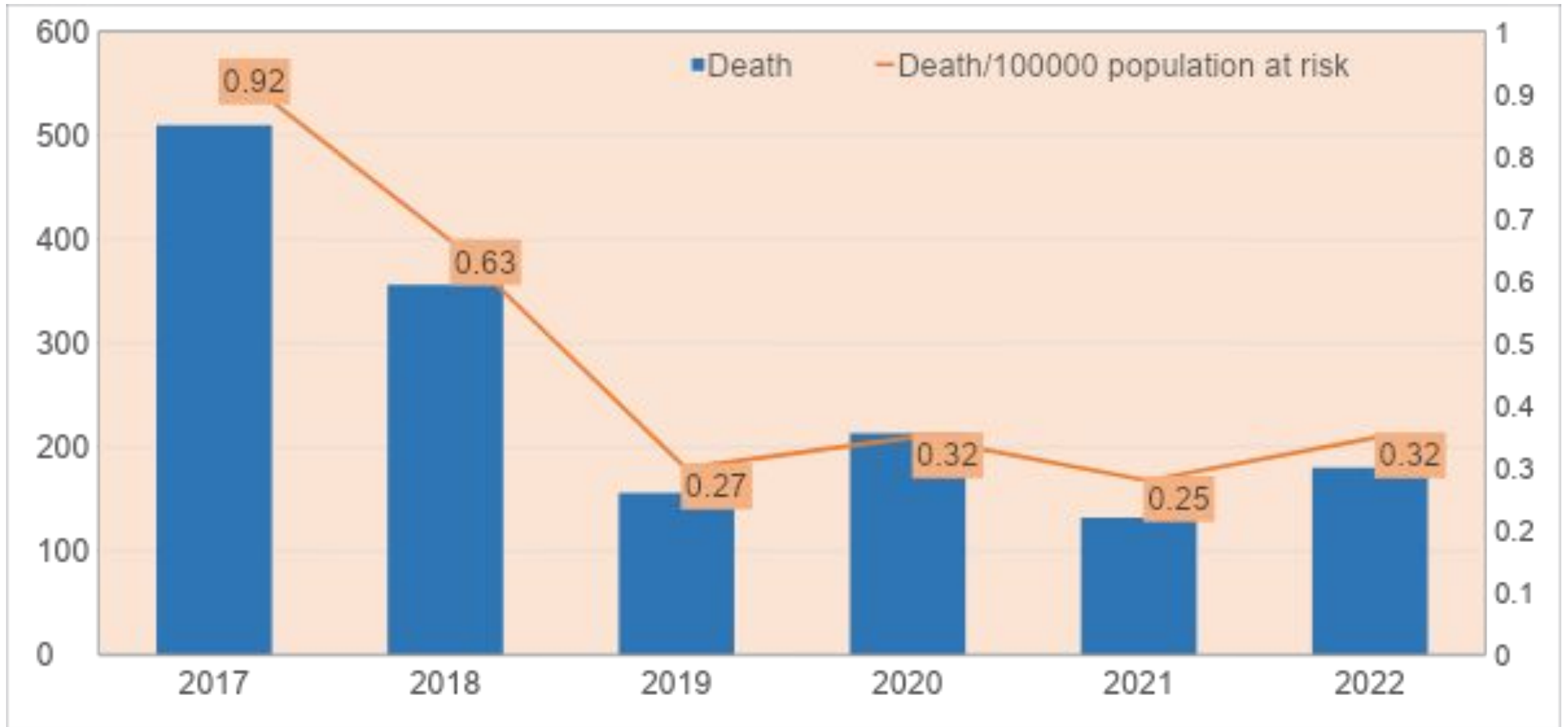
NSP Goals	Achievement, 2022	Remark
By 2025, reduce malaria cases by 50 percent from the baseline of 2020.	Reported malaria cases increased from 1.5 million cases (2020) to 3.3 million cases in 2022	Off track
By 2025, reduce malaria deaths by 50 percent from the baseline of 2020.	Reported malaria deaths reduced from 217 (0.42) per 100,000 in 2020 to 180 (0.32) per 100,000 pop at risk in 2022	On track
By 2025, achieve zero indigenous malaria in woredas with API less than 10 and prevent reintroduction of malaria into woredas reporting zero indigenous malaria cases.	Sub-national elimination program launched in 2017 and 565 districts are under malaria elimination program	On track

## Total Malaria Cases Trend 2018-2022 (DHIS-2)

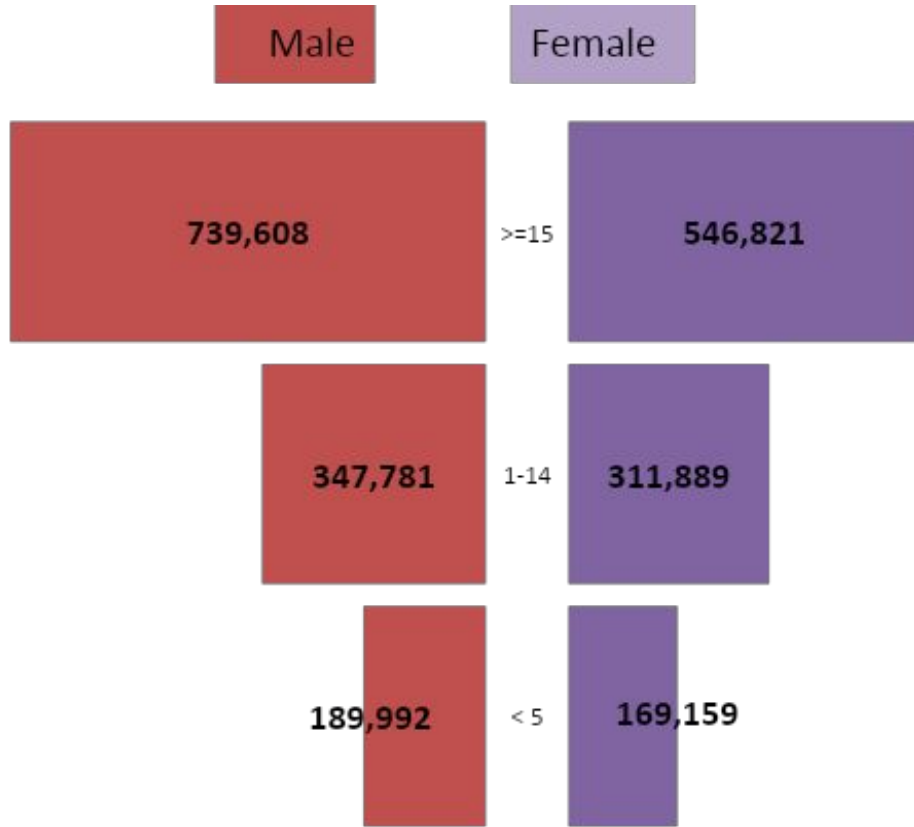


*The goal of reducing malaria cases was not attained as malaria increased from **3.4** cases per 1000 population per year in 2020 to **11.06** in 2022.*

# Malaria Mortality Rate (2017-2022 DHIS 2)



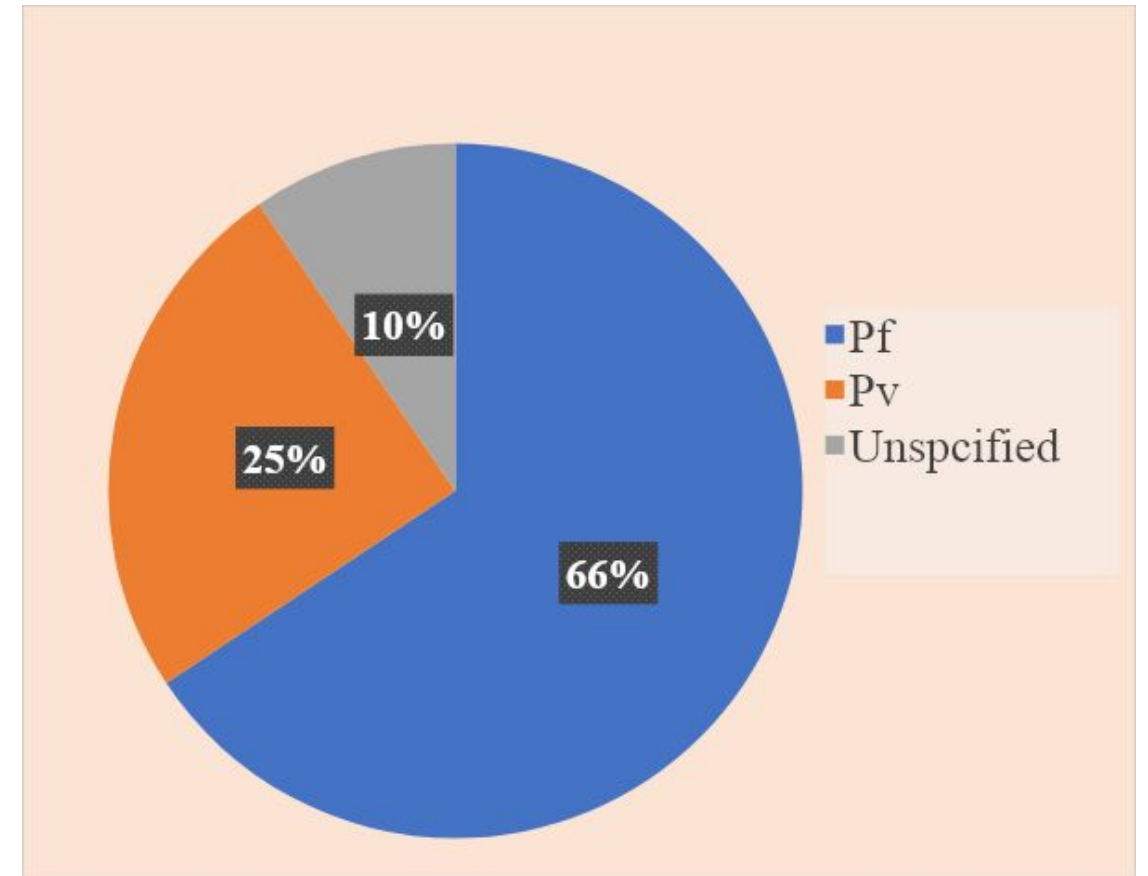
# Malaria case by Age and Sex (DHIS2, 2022)



Male =55.5%

Under 5yr =15.6%

# Malaria case by Species (DHIS2, 2022)





# Programmatic Coverage Indicators

S/N	Indicators	Period8 (April 1- June 310, 2023)		
		Target	Achievement	June 30,2023 (%)
1	% Suspected malaria cases recv'g parasitological test (by pub-sec health facilities)	5,181,097	5,136,965	99%
2	% Confirmed malaria cases recv'g 1st-line Tx per national policy (by pub-sec health facilities)	1,371,301	1,371,301	100%
3	% Suspected malaria cases recv'g parasitological test (by private-sector sites)	293,592	292,502	99.63%
4	% Confirmed malaria cases recv'g 1st-line Tx per national policy (by private-sector sites)	62,494	62,494	100%
5	% Confirmed cases fully investigated and classified	64,678	39,936	61.75%
6	% Malaria foci fully investigated and classified	27,735	26,664	96%
7	# of LLINs distributed to at risk population through mass campaign	19,799,526	18,907,931	95%
8	Proportion of households in targeted areas that received IRS during the reporting period	1,764,087	-----	IRS operation is ongoing currently



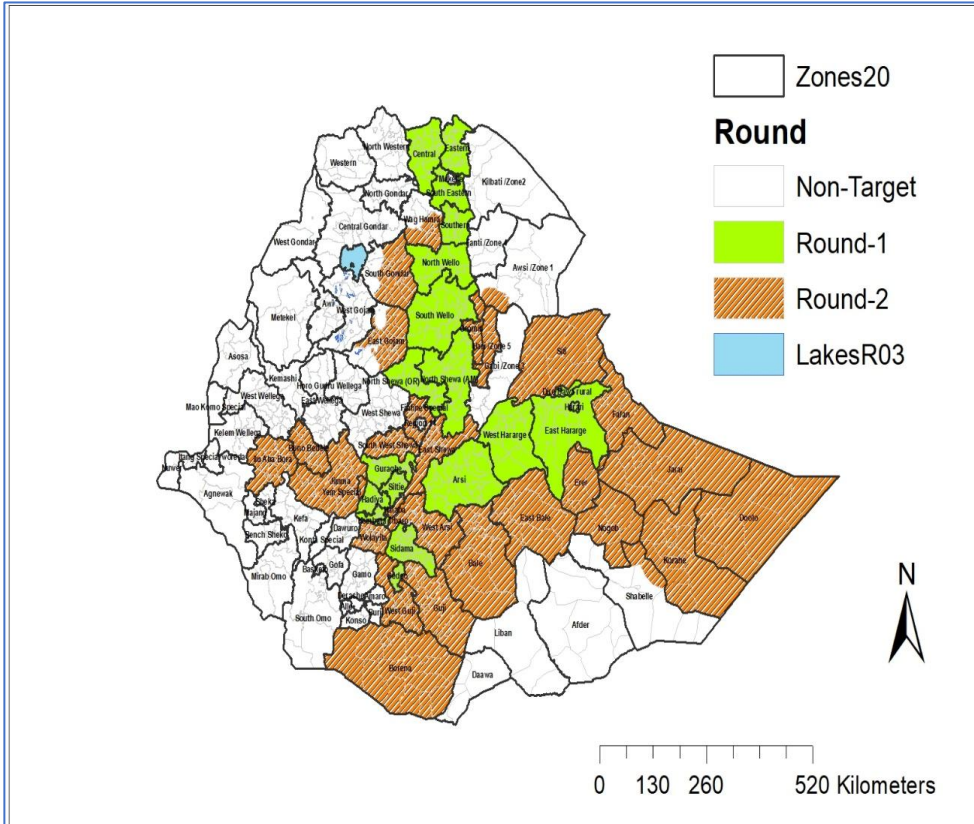
## Other Majors achievements: LLINs Distribution Status 2022/23

Region	# of Districts	# of LLINs Planned	# of LLINs received from EPSS.	# of LLINs distributed to woredas	# of LLINs distributed to HHs	HH level distribution coverage	Population received
Afar	39	914,850	914,850	100%	780,004	85%	2,140,031
Amhara	82	3,949,928	3,947,328	100%	3,820,038	97%	6,600,859
B/Gumuz	25	678,645	595,600	88%	466,719	78%	837,875
Gambela	14	258,382	254,014	98%	254,014	100%	548,076
Oromia	183	7,186,474	6,558,935	91%	5,368,492	82%	10,037,697
SNNP	60	3,168,600	3,168,600	100%	3,147,130	99%	6,359,342
Sidama	23	915,950	911,650	100%	835,605	92%	1,577,706
SWE	50	1,247,548	1,236,286	99%	1,144,762	93%	-
Tigray	38	1,479,150	1,320,668	89%	1,309,534	99%	2,289,409
<b>Total</b>	<b>514</b>	<b>19,799,526</b>	<b>18,907,931</b>	<b>90%</b>	<b>17,126,298</b>	<b>91%</b>	<b>30,390,995</b>

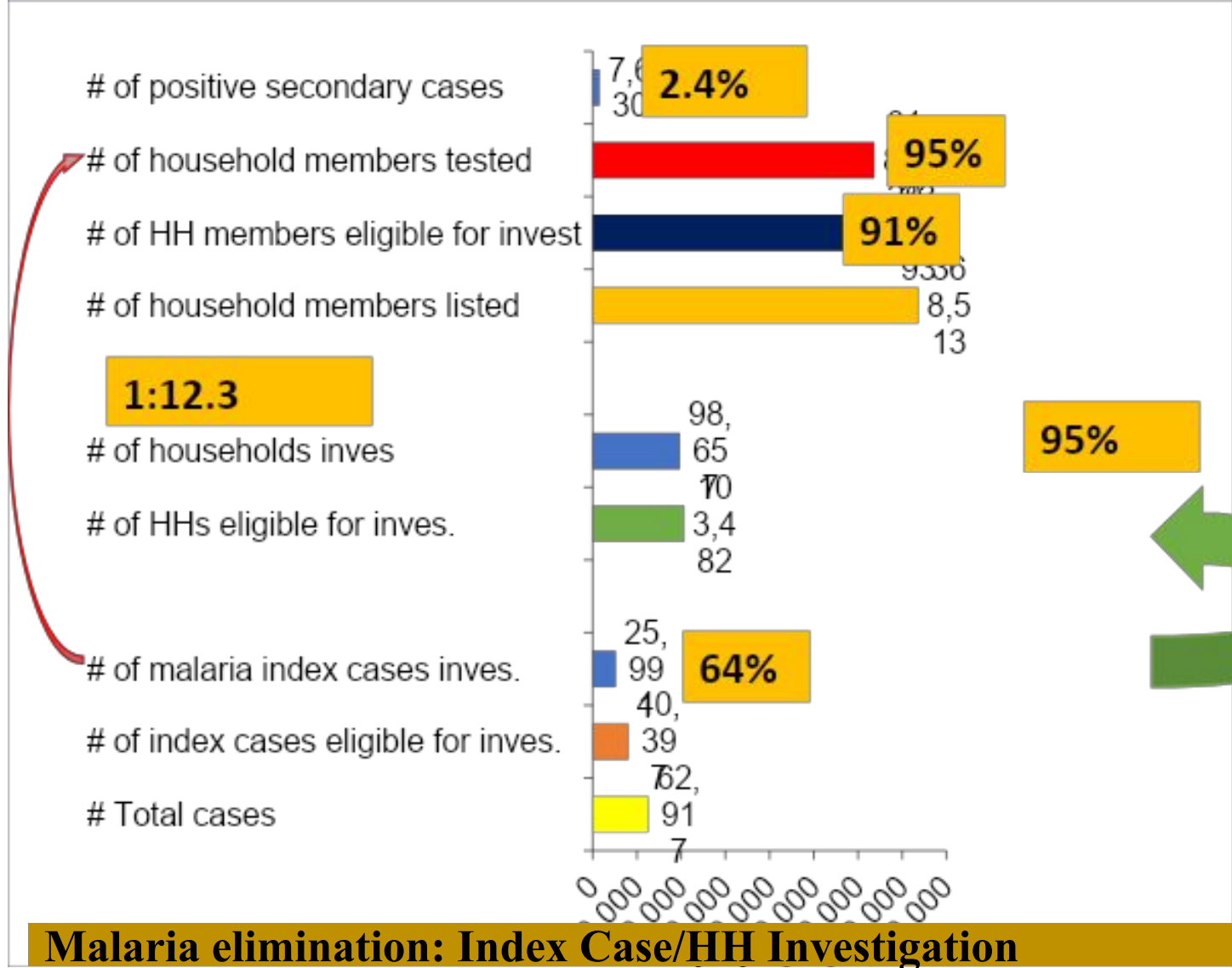


- **Note:** 10.99 million LLINs distributed in 2021/22
  - More than 60 million people supposed to be protected by LLINs
- **IRS targeted for high burden and epidemic prone areas (1,214,287 houses sprayed in 2022)**

# Other Majors achievements: Malaria Elimination/Surveillance



- A sub-national malaria elimination program launched in 2017 in 239 districts and scaled up to 565 districts
- Various technical documents, protocol and SOPs developed
- Massive ACSM activities and training of health workers held
- National malaria elimination roadmap and implementation manuals updated in 2021
- Nationwide elimination of malaria is targeted by 2030





## Social Mobilization and Community Engagement

- *Malaria Week Mobilization (Every year during peak transmission season)*
- *More than 449 and 6,435 high and moderate districts and kebeles respectively*
- ***Aim** is to create a platform and bring on board all stakeholders for coordination and strengthening intensified community mobilization activities on malaria prevention, control, and elimination*
- *Key message dissemination by national and regional mass media (5 TV & 5 Radio spots)*
- ***LLINs** utilization follow up*







- **NMSP developed**
- **GF GC7 FR submitted**

### **NMSP (2024/5-2026/7)**

- 1<sup>st</sup> & 2<sup>nd</sup> consultation from 10-13 April & May 8-13/2023 conducted
- All representatives of RHBs, MoH LEOs, Partners, CSO, Agencies, Academia are participating.
- Local & international Consultants for FR & Matchbox recruited

### **Program Strengthening (Phase 4)**

- Aide memoire prepared & signed by signatories
- Final MPR 2023 produced

### **Field Validation (Phase 3)**

- Conducted from (13-25 March 2023)
- 14'n teams deployed to field validation
- Debriefing meeting

### **Thematic Desk Review (Phase 2)**

- Conducted from (6-10 Feb.2023)
- External reviewer participated from WHO, RBM, CDC/PMI, PATH/MACEPA, Malaria consortium

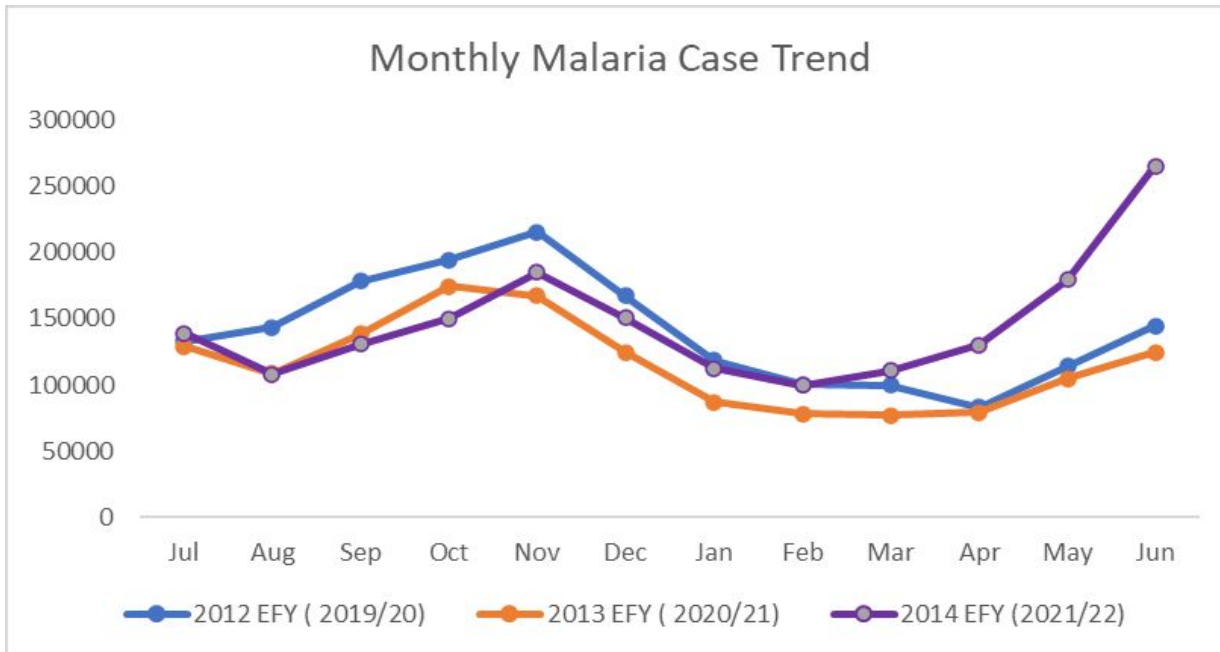
### **Planning Phase (1):**

- Concept Note
- Detail timeline is prepared & shared with stakeholders
- Plan was endorsed by malaria TAC
- Diversified thematic desk review team formed

## **MPR, NSP & FR Development Process**

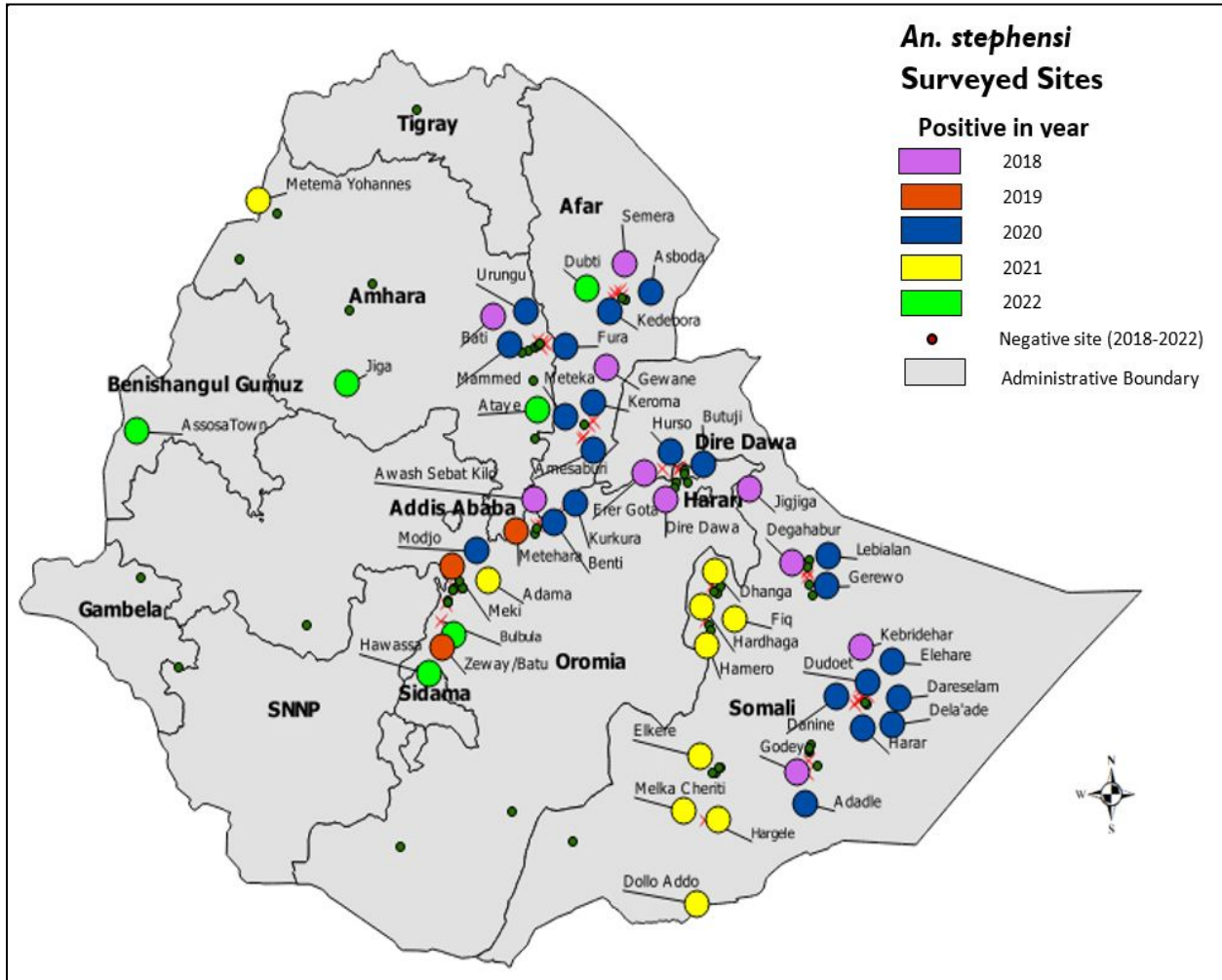


# Bottlenecks/Challenges: **Malaria Surge**



- The MPR confirmed that there is a huge surge of malaria cases across the country in both high and low malaria burden areas (reported number of malaria cases doubled nationally between 2020 and 2022)
- The MoH in collaboration with partners, conducted a comprehensive external Program Review mainly for the following reasons:
  - Emerging/ re-emerging local/global challenges, such as armed conflicts, abnormal climatic conditions (drought, flooding), COVID-19 pandemic, etc.).
  - New biological threats: the introduction of *An. stephensi*; Pf HRP2/3 gene deletion; resistance of vectors to conventional insecticides; etc.
  - Expansion of mosquito breeding habitats- such as dams, irrigation schemes, construction activities, etc.

# Bottlenecks/Challenges: *An. Stephensi* invasion



***An. stephensi* distribution Map**

- Detected in Ethiopia in 2016
- **51** sites found positive in different locations
- **Actions taken:**
  - Entomological surveillance monitoring is ongoing
  - Action plan for the Integrated Surveillance and Control of *An. stephensi* and *Aedes aegypti*, Ethiopia, (2022-2026) is under implementation
  - National Social and Behavior Change Guide for the control of *An. stephensi* (draft) developed.
  - LSM/larvicide implementation ongoing in 8 sites with PMI/Vector link support
  - Additional Larvicide procured by NMEP/MoH





## **Other bottlenecks including Operational issues**

- Insecticide resistance:- is one of the major problems in the country
  - *Almost all conventional insecticides have failed their efficacy against local vectors*
  - *Only few insecticides are working well: pirimiphos methyl, SumiShield & Fludora fusion*
- Antimalarial medicines are quickly depleting due to the malaria surge and there is a remaining gap to fill.
- Population mobility (seasonal migrant workers/daily labourers)
  - Large number of IDPs and refugees in the country
- Restoration of anti malaria services in conflict affected areas

# Best Practices:

- National Coordination Meeting led by senior leadership (SMO):
  - Monthly coordination meeting with SR
  - Biweekly technical coordination meeting
  - Quarterly review meeting with PR and selected SRs
    - This accelerated programmatic and financial performance of planned activities.
- Partnership (*Technical Advisory Committee-TAC*)
- Early identification of procurement savings and additional Procurement of antimalarial medicines and RDTs for gap filling
  - Frontloading of antimalarial procurements
- Village level stratification (SNT) vs interventions targeting
- Cross-border collaboration on An. Stephensi

# Gap Analysis

For 2024	Need	Financed	Gaps	Gap (%)
LLINs (number of nets)	8,869,072	5,772,093	<b>3,096,979</b>	
IRS US\$	12,279,145	6,110,716.61	6,168,428.59	
ACTs (number of treatment doses)	5,064,240	3,393,041	1,671,199	
RDTs (number of RDTs)	350,981.00	350,981.00	-	
Total US\$ need essential services (from your gap analysis sheet)	75,786,387.44	22,320,431.04	53,465,956.40	
Other costs (LSM and DHA-PPQ)	\$ 6,158,903.79	\$ 3,188,558.79	2,970,345.00	
Total US\$ need malaria strategic plan	283,567,332.14	168,647,495.00	114,919,837.14	41%
For 2025	Need	Financed	Gaps	
LLINs (number of nets)	16,577,778	10,778,431	5,799,347	
IRS US\$	9,746,273	4,850,232.58	4,896,040.06	
ACTs (number of treatment doses)	5,135,460	3,440,758	1,694,702	
RDTs (number of RDTs)	233,323.00	233,323.00	-	
Total US\$ need essential services (from your gap analysis sheet)	96,542,464.65	20,842,633.35	75,699,831.29	
Other costs (LSM and DHA-PPQ)	\$ 6,143,480.47	\$ 3,188,558.79	\$ 2,954,921.68	
Total US\$ need malaria strategic plan	162,057,186.10	172,270,440	(10,213,253.90)	
For 2026	Need	Financed	Gaps	
LLINs (number of nets)	3,930,572	2,555,556	1,375,016	
IRS US\$	9,999,676	4,976,338.63	5,023,337	
ACTs (number of treatment doses)	4,984,635	3,339,705	1,644,930	
RDTs (number of RDTs)	176531	176531	-	
Total US\$ need essential services (from your gap analysis sheet)	48,059,801.73	20,826,347.42	27,233,454.31	
Other costs (LSM and DHA-PPQ)	\$ 6,132,673.21	\$3,188,558.79	\$ 2,944,114.42	
Total US\$ need malaria strategic plan	249,653,929.44	145,776,636	103,877,293.44	41%

# Anticipated TA requirements by the Programme for 2024

Activity	TA Needed (Local and International)	Tentative Date TA needed
Documentation of post/epidemic situation, successes and challenges	<i>Both</i>	2024
Village level malaria stratification and mapping	<i>Local</i>	2024
SBC specialist who can support the optimal use of anti-malarial interventions	International	2024
An. Stephensi Plan of Action implementation	Both	2024
GAP analysis including costing of CRG	Both	Jan. 2024
Resource Mobilization and Advocacy Preparation	International	Feb.2024
Customization of Malaria indicator Survey (MIS) for country context	International	2024

*Thank You*