World Health Organization

Country Office Ethiopia

Annual Report 2011

WORLD HEALTH ORGANIZATION
COUNTRY OFFICE ETHIOPIA

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2011

Acknowledgement

The World Health Organization Country Office (WCO) Ethiopia appreciates and commends the Federal Ministry of Health (FMoH) of Ethiopia for its effective leadership that enabled it to contribute to the achievements witnessed by the health sector in Ethiopia.

The Office would also like to express its appreciation to the WHO Regional Office for Africa and the WHO Headquarters for their technical and financial assistance and essential guidance in effectively discharging its responsibilities. We thank all partners for their support and cooperation; especially Centre for Disease Control (CDC/USAID), TBCARE and UN Central Emergency Response Fund (UNCERF) for the financial support they provided that has significantly contributed to the effective discharge of our responsibilities.

WCO Ethiopia also acknowledges and thanks its staff members for their dedication and performance in sucessfully executing the annual plan for 2011.

Foreword

For the health sector in Ethiopia, 2011 was an important year where a number of new initiatives and approaches were introduced to support the ongoing implementation of the Country's Health Sector Development Plan (HSDP) 2010 - 2015. The focus of World Health Organization (WHO's) support during the year under review was on the priority areas for both government and WHO, including: strengthening the demand for health services, enhancing undertakings towards achieving the health-related Millennium Development Goals (MDGs), improving quality of care, strengthening policy dialogue, coordination and partnerships. This report highlights WHO's support to the health sector in Ethiopia and the main results achieved.

Similar to preceding years, the office continued playing an active role in existing partnerships and coordination schemes including the Joint Consultative Forum (JCF), Joint Core Coordinating Committee (JCCC) and Health, Population and Nutrition (HPN) Partners Group, Inter-Agency Planning Team (IAPT), United Nations Development Assistance Framework (UNDAF), Thematic Working Groups (TWGs) and Country Coordinating Mechanism - Ethiopia (CCM-E).

Additionally, supporting WHO Regional Office for Africa's efforts to improve its collaboration with the African Union and the Economic Commission of Africa, WHO Country Office (WCO) continued contributing to different clusters of Regional Coordination Mechanisms (RCMs) established to coordinate the United Nations support to the African Union.

In the reporting year, the main achievements registered by WCO in support of the Country's efforts include: improved coverage of priority maternal and child health and priority disease interventions; increased and sustained vaccination coverage; increased number of mothers attending antenatal care and increased demand for skilled assistance during pregnancy and delivery. Significant progress was also recorded in strengthening national capacity and coordination mechanisms in the areas of HIV/AIDS, Malaria, TB, emergency response to communicable diseases as well as in addressing Non Communicable Diseases and Neglected Tropical Diseases.

It is also worth noting that the support provided by WCO towards the scaling up of selected cost effective and high impact child survival interventions was significant in the Country's reduction of child mortality rates thus able to achieve MDG 4. The WCO also played an important role in strengthening district health systems and services with special emphasis on enhancing access to health services through people-centered service delivery approach and in line with the implementation of the Primary Health Care (PHC) principles.

Improvement of WCO's within country and regional presence, due to our strong technical support and participation in different health sector assessments and reviews, was encouraging. Furthermore, the designation of WHO focal points for coordination has resulted in strengthening the implementation and coordination of programmes.

I am therefore pleased to share with you this annual report of 2011 that summarizes our contributions to the results registered during the year. I would also like to seize this opportunity to thank all WCO staff who dedicated their expertise and time to support their counterparts and closely work with health development partners for better alignment and harmonization of programs, for the benefit of the Ethiopian people.

Dr. Fatoumata Nafo-Traore
WHO Representative, Ethiopia

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List of Acronyms

ACT	Artemesinin-Combination Treatment
AFP	Acute Flaccid Paralysis
AIDS	Acquired Immunodeficiency Syndrome
APOC	African Program for Onchocerciasis Control
ARM	Annual Review Meeting
ART	Anti-Retroviral Treatment
AWD	Acute Watery Diarrhea
BEMONC	Basic Emergency Obstetrics and Neonatal Care
BPR	Business Process Re-engineering
CBTC	Community-Based Tuberculosis Care
CCMP	Community Care Management of Pneumonia
CCM-E	Country Coordinating Mechanism - Ethiopia
CDC	Center for Disease Control
CEmONC	Comprehensive Emergency Obstetrics and Neonatal Care
CERF	Central Emergency Relief Fund
CIMNCI	Community Integrated Management of Neonatal and Child Illness
DFC	Direct Financial Cooperation
DHS	Demographic and Health Survey
DRMFSS	Disaster Risk Management and Food Security Section
DOT	Directly Observed Therapy
EHA	Emergency and Humanitarian Action
EPHA	Ethiopian Public Health Association
EHNRI	Ethiopian Health and Nutrition Institute
EmONC	Emergency Obstetrics and Neonatal Care
ENADA	Ethiopian National Data Archive
EPA	Environmental Protection Agency
EPI	Expanded Program of Immunization
ERCS	Ethiopian Red Cross Society
ERIA	Enhanced Routine Immunization Activities
ETAT	Emergency Triage Assessment and Treatment
FCTC	Framework Convention for Tobacco Control
FHAPCO	Federal HIV/AIDS Prevention and Control Office
FMoH	Federal Ministry of Health
FMHACA	Food, Medicines and Health Care Administration and Control Authority
FP	Family Planning
GAVI	Global Alliance for Vaccine and Immunization
GMS	Global Management System
GWD	Guinea Worm Disease
HAPCO	HIV/AIDS Prevention and Control Office
HEP	Health Extension Program
HEW	Health Extension Worker
HHA	Harmonization for Health in Africa
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System

HoA	Heads of Agencies
HRD	Humanitarian Requirement Document
HPN	Health, Population and Nutrition
HSS	Health Systems and Services
HSDP	Health Sector Development Program
ICAT	IMNCI Computerized Training Tool
ICT	Information, Communication Technology
IDSR	Integrated Disease Surveillance and Response
IHP	International Health Partnership
IHR	International Health Regulation
IMNCI	Integrated Management of Neonatal and Child Illness
IMAI	Integrated Management of Adult and Adolescent Illness
IPPS	Infection Prevention & Patient Safety
IST	Inter-Country Support Team
IUCD	Intra-Uterine Contraceptive Device
MDG	Millennium Development Goals
MDR	Multi-Drug Resistant
MNCH	Maternal, Neonatal and Child Health
MPS	Making Pregnancy Safer
MNH	Maternal and Neonatal Health
MMR	Maternal Mortality Rate
NBTS	National Blood Transfusion Services
NCD	Non-Communicable Diseases
NGO	Non-governmental Organizations
PHEM	Public Health Emergency Management
PHC	Primary Health Care
PHE	Public Health Emergency
PFSA	Pharmaceuticals Fund and Supply Agency
PMTCT	Prevention of Mother to Child Transmission
REACH	Renewed Efforts Against Child Hunger
RDT	Rapid Diagnostic Test
RHB	Regional Health Bureaus
SAM	Severe Acute Malnutrition
SIA	Supplemental Immunization Activities
SPSS	Statistical Package for the Social Sciences
SPM	Strategic Plan for Multi-sectoral response to HIV
STI	Sexually Transmitted Infections
TTI	Time Temperature Indicator
TWG	Thematic Working Group
TUB/TB	Tuberculosis
UNDAF	United Nations Development Assistance Framework
USAID	United States Agency for International Development
UNLT	United Nations Liaison Offices Team
VAD	Vitamin A Deficiency
VL	Visceral Leishmaniasis
WCO	WHO Country Office
WFP	World Food Program
WHO	World Health Organization
WHO/AFRO	WHO Regional Office for Africa

Executive Summary

In the year 2011, the WHO Country Office (WCO) provided both technical and financial support to the Government of Ethiopia in line with the various areas of the country's Health Sector Development Program (HSDP). This report highlights major achievements recorded in the areas of improving partnerships and collaboration, strengthening health systems, improving maternal and child health, prevention and control of HIV/AIDS, communicable and non-communicable diseases as well as related areas.

One of the main activities of the WCO where it played an important role is the strengthening of district health systems and services with special emphasis on enhancing access to health services through people centered service delivery and in line with the implementation of the PHC principles.

A marked improvement has also been achieved in scaling-up blood safety services, through focused support to the Federal Ministry of Health (FMoH) in strengthening and enhancing the regular voluntary non-remunerated blood donations through improved community mobilization and scaled up blood collection.

In the area of essential medicine key achievements recorded were Good Manufacturing Practices (GMP) training provided for local pharmaceutical manufacturers and inspectors, assessment of safety and efficacy of medicinal plants and training on rational use of medicines.

With regard to health promotion, the main focus of the Organization is strengthening FMoH and Regional Health Bureau (RHBs') capacities to coordinate the development and implementation of effective health promotion across all programmes. On the other hand, in prevention and control of diseases, WCO focused on coordination and capacity building to achieve strategic results; thus able to strengthen national capacity and coordination mechanisms in the areas of HIV/AIDS, Malaria, TB, emergency response to communicable diseases and in addressing non-communicable and neglected tropical diseases. No case of wild polio virus was detected nor were there cases of vaccine derived polio virus reported during the year. This achievement has been made through significant support to surveillance (both epidemiologic and laboratory), routine immunization, campaigns and by developing guidelines and jointly implementing surveys with FMoH and other partners.

WCO played an important role in supporting the country's efforts to improve the status of maternal, newborn and child health over the past years. Even though Maternal Mortality Rate (MMR) is still high at 676 per 100,000 live births (DHS, 2011), the significant achievement made in the reduction of child mortality in meeting MDG 4 is remarkable. The key strategies for this achievement focused on advocacy and strengthening partnerships, development and harmonization of guidelines, integration of services; capacity building at all levels and supporting the institutionalization of pre-service trainings in order to improve the quality of child care services at all levels of the health system.

As part of its internal capacity building efforts, the office has also successfully rolled-out the Global Management System (GSM) through various capacity enhancement activities and data conversion.

iii. Partnership and Coordination

The WCO is an active participant of existing partnership and coordination mechanisms including the Joint Consultative Forum (JCF), Joint Core Coordinating Committee (JCCC), Health Population and Nutrition (HPN) partners group, the Inter-Agency Planning Team (IAPT), UNDAF TWGs, CCM-E and the Regional Coordination Mechanism (RCM) and provides valuable contributions as secretary and member. It also plays supportive roles as:

- A co-chair of the Basic Social Services Thematic Working Group and convener of the health and survival sub-group, where it coordinated the finalization of the UNDAF action plan,
- The lead of the Health Cluster at central and regional levels (Oromia, SNNP, Amhara, Somali and Gambella), actively facilitating and supporting fora and meetings thus contributing to the active and regular information sharing and harmonization of preparedness and response efforts. The meetings included board meetings and humanitarian community team meetings of the UN Health Cluster Leads, Ethiopia Humanitarian Country Team and the Humanitarian Relief Fund where WHO provided technical advice on emergency health issues of concern to UN Heads of agencies, International NGOs and other partners. This resulted in the rational use of available resources and in avoiding duplication of efforts,
- The chair of a Health Partners Forum attended by close to 20 health partners including UN agencies thus further strengthening partnership with NGOs. This partnership was an instrument for better advocacy, monitoring threats and sharing of information as well as provision of resources such as drugs, medical supplies and relevant treatment protocols and outbreak management guidelines; thus, better ensuring management of cases as per the set standards and norms,
- A member and coordinator of the team (comprising RHB, UNHCR and other partners) that provided services towards the prevention and control of communicable diseases including diarrhoea, Measles, TB and management of Severe Acute Malnutrition (SAM); in response to the health needs of refugees from Somalia, and
- A member of the team from four countries that developed Heads of Agencies (HoA) Drought Strategic Response Plan to support the scaling up of the overall health response in drought affected areas.

Iv. Improving Support to Regions

A mission to a number of regions, including the Developing Regional States (DRS) in the country was conducted with aims to expand services and engagement. As a result, regional focal points were appointed among regional staff, thus improving coordination and efficiency.

Challenges

Some of the main challenges currently facing the policy dialogue, governance and coordination work of the Country Office include lack of proper tools (like policy briefs) and insufficient collaboration among partners. Furthermore, the fact that social determinants of health as well as the health concept are not addressed in all policies of the country, has paused additional challenges.

CHAPTER ONE

Policy Dialogue, Governance and Coordination

The WCO plays facilitation and advocacy roles in different coordination and governance mechanisms as well as formal events, in support of Government's efforts for better alignment and harmonization. Mechanisms are currently in place for joint development and review of the national health sector strategies and plans.

As a critical input for advocacy and planning, generation of evidence is given priority. Hence, WCO provide technical support for program evaluations such as the TB Prevalence and Malaria Indicator Surveys that were conducted to generate vital information. Similarly, through a joint endeavour with its partners, the country conducted assessments on the progress towards one plan, one budget, one report as well as financial, procurement, and supply chain management of the MDG Fund. In the process that followed, i.e. the finalization and signing of the UNDAF outcome document by the Government of Ethiopia and the United Nations, WCO has continued playing the role of coordination in the development of the UNDAF Action Plan through co-chairing the BSS TWG and as convener of the team. The Country Office continues to participate in the High Level Steering Committee for strategic guidance in the implementation of the Delivery as One approach in Ethiopia. Ethiopia pioneered the signing of the country International Health Partnership (IHP) compact (2008) and later a Joint Financial Agreement (2009).

In support of the WHO Regional Office for Africa's effort to improve WHO collaboration with the African Union and the Economic Commission of Africa (ECA), the country office participates in different platforms that bring together UN liaison offices including clusters of the Regional Coordination Mechanism (RCM) established to coordinate UN support to the African Union.

Key Achievements

i. Policy Dialogue

WCO contributed towards the adoption of the "2010 Guidelines on ARV Drugs for Treating Pregnant Women and Preventing HIV Infection in Infants: Recommendations for Public Health Approach" document. Even though the full guideline is not yet adopted by the country the move on the Prevention of Mother To Child Transmission (PMTCT) component was critical in enhancing the current low coverage.

Moreover, upon attending the Global Learning Program on National Health Policies and Strategic Plans, a road map has been prepared detailing training plans and the Organization's contribution to the country's planning process.

ii. Planning, Monitoring and Evaluation

As part of its monitoring and evaluation activity of the health sector, the WCO has actively participated in the Joint Review Mission (JRM) of the health sector for the year. The JRM and Annual Review Meetings (ARM) are jointly conducted yearly by FMoH, its partners and other stakeholders. The Country Office also actively participated in the comprehensive planning process for the Ethiopian fiscal year 2004 (2011/12).

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Way forward

The Country Office believes that enhancing policy dialogue is the best way forward. Towards this end, it plans to strengthen the facilitation of the IHP, HHA, related in-country processes and continue supporting the coordination mechanisms: FMoH, UNCT, UNLT and Development Assistance Group (DAG).

CHAPTER TWO

HEALTH SYSTEMS STRENGTHENING

2.1 Health Systems and Services

Ethiopia's concerted efforts in strengthening the health systems and services showed marked improvement in achieving its policy goals and the set targets. These include training of health extension workers, expansion of health centers and improved staffing, proper provision of equipment, essential medicines and other supplies that led to a marked increase in the uses of primary health care services, particularly by women, children and poor families from rural areas.

In strengthening the health systems, WHO cooperated with health authorities and relevant stakeholders at various levels of the health system. This has been guided by the national HSDP and in line with the implementation of the Ouagadougou Declaration (2008) on primary health care and health systems strengthening for better health outcomes along with the renewed PHC principles.

During the implementation period enhancing access to essential health services for everyone through the even distribution of health resources was emphasized. Furthermore, key focus areas of the health systems strengthening attributes included - the health workforce development, health care financing, strengthening health information systems and organization and management of the health service delivery.

Key Achievements

i. Health Service Delivery

WHO collaborated with the RHBs of Tigray and Benshangul Gumuz (BG) on a learning project that operationalized the 'District Health Systems and Services Strengthening' program. The program aimed at enhancing access to health services through people-centered service delivery approaches and in line with the implementation of the PHC principles, which in Ethiopia is the health extension program: 'an innovative family based service delivery'. Five districts in Tigray and two districts in BG were targeted and actions piloted since 2009.

Regional Health Bureau heads, district health officers and hospital doctors deliver on-site training to health workers and outreach health services, including maternal and child care, to rural and remote health centers and health posts (Tigray and BG).

Health authorities in the two regional states, respective districts and health facility experts including the health extension program supervisors were provided with the following set of interventions:

- Training and monitoring resulting in enhanced management and leadership skills (situation analysis, outlining priorities, planning and implementation, and on techniques of integrated supportive supervision, monitoring and evaluation),
- Provision of tools and manuals, such as the 1) 'Integrated District Health systems and Services Training Manual', 2) district and health facility operational assessment tools, and 3) referral and integrated supervision Nazareth checklists,
- Enhanced outreach services that enabled facilitation in understanding linkages and interfaces between health managers, referral hospitals and catchment primary health care service centers (health centers and health posts),
- Improved skills in health service management and coordination among district heath office and health facility managers. Such skills included, health service mapping and functionality assessment, planning, monitoring and evaluation, data management and data quality assessment as well as mobilization and coordination of resources at the district level, and
- Clinical, technical and administrative support provided by senior health bureau heads, district health office managers and directors of neighbouring district hospitals were found to be very useful and practical.

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During this pilot phase, rise in the coverage of priority matern health care and disease interventions as well as the consisten rise in vaccination coverage have been recorded. More mothers are now attending antenatal care and demanding more skilled assistance during pregnancy and delivery. Moreover, as the service has been integrated to all maternal services; the percentage of women of reproductive age receiving family planning commodities has risen while more HIV infected pregnant women received preventive anti retroviral therapy to reduce the risk of mother-to-child transmission.

Participants of the international workshop on pastoralist health service experience sharing, Addis Ababa
August 2011

More pregnant women and children are now using long lasting impregnated nets (LLINs), while pneumonia treatments have been introduced in all sites by health extension workers.

ii. Human Resources for Health

The WCO, in support of the phased effort of: i) producing a real-time priority health workforce (midwives, mesothelial, emergency surgery professionals and medical doctors) requirement of the sector, as is stipulated in the Wisdom ii) strengthening the human resource development units both at federal and sub-national levels and iii) strengthening the human resource management systems; accomplished the following, during the implementation period:

- Supported the establishment and scale up of HARE information sub-systems. The systems intend to improve equivalence of production to demand of services through evidence-based planning and implementation. Furthermore, training on M&E along the life span of the health workforce was provided to focal persons of regional health bureau. Deployment of data collection tools and software were also made to health centers up to the district level,
- Facilitated and conducted the documentation of 'In-country Health Workforce Retention Initiatives (policies, strategies and regulations)'. The report has been shared for possible use and to aid decisions on planning and future policies,
- Assisted the implementation and progressive review of the 'MSc Training Program on Integrated Emergency Surgery and Obstetrics', which is three years into the program being implemented at five universities (Jimma, Gondar, Mekelle, Hawassa and Arramed Universities) and 17 affiliate hospitals. The progressive review actions, which involved, supportive supervision, performance review meetings and a competency assessment of trainees, identified competency gaps and recommended some curriculum review with focus on inclusion of other categories of professionals (BSC nurses) as candidates for the training, review of teaching learning and evaluation methods,
- Provided technical support to the accelerated midwifery training, provided in 15 regional health science colleges within 6 regions (Amhara, Oromia, Benshangul Gumuz, Somali, Gambella and Addis Ababa). Currently, there are 1606 trainees and the plan is to train a total of 4676 midwives within the life span of the program (3 years project). WHO donated a book entitled "Integrated Management of Pregnancy and Childbirth" which was distributed to all health science colleges targeting the above mentioned trainees. This assisted the development of curriculum and log books and aided learning, and
- Assisted the development of a curriculum for the 'Innovative Medical Education Track' which focuses on utilizing problem-solving rather than rote memory, stressing on active rather than passive learning and emphasizing student-centered education.

iii. Health Care Financing

The Country Office supported the country's rigorous efforts to expand its financial base and strengthen its resource mobilization activities for the health sector by assisting the design and development of resource mapping tools.

Furthermore, it advocated for and assisted the design and implementation of health care financing reforms, including the development of social protection policies and the social health insurance - which improves households' access to health services and prevents them from catastrophic out-of-pocket expenditures for health services.

i.v. Health Information System

In support of the country's effort to enhance the functioning of health information system that in turn supports the monitoring of progress, informs decision-making and assures quality in the delivery of health care, the WCO:

- Undertook a comprehensive monitoring of implementations in terms of the data quality, data management capacity, reporting systems as well as the culture of information use for decision making by the system,
- Facilitated and assisted the development of a comprehensive health information system intended to integrate various health information sub-systems and to strengthen the linkages between FMoH and other Ministries that are generating health related information,
- Provided technical and financial support for operationalization and scaling up of community health information systems, by using family folders alongside the health extension program,
- Facilitated a national coordination mechanism of the various e-health initiatives in the country by pooling stakeholders from the country as well as experiences from the outside world. The aim was to standardize the development and use of information technologies (IT) in the health systems and services strengthening. Findings of the workshop further initiated policy developments and
- Facilitated the preparation of the national health sector profile that serves as an input to the AFRO Health Observatory (AHO).

v. Strengthening of Health Systems and Services Research

The country's effort towards a proper organization and delivery of health services through evidence generation, was supported by:

- Generating information on the implementation status of the on-going health sector reform initiatives and their performance - through a systematic review of progress of implementation and achievement of intended goals in relation to efficiency gains, effectiveness and impact,
- Supporting the design and development of a national comprehensive referral system, by developing guidelines and geo-coding health delivery sites (GIS supported), and the development of the Health Service Standards Proclamation for Ethiopia,
- Providing technical and financial support to the design and implementation of the innovative initiative: Ethiopian Hospitals Alliance for Quality,
- Promoting research on the coordination and capacity of health systems and services at sub-national level. This was done in collaboration with the science and technology agencies and Regional Health Bureaus, and
- Assisting the training on research methods and application for 200 health professionals working at health science institutes, referral and teaching hospitals as well as supporting the updating of Ethical review guidelines for health researches in Ethiopia.

2.2 Blood Safety

WHO supported efforts of the FMoH to ensure equitable availability and access to safe and adequate blood supply by the whole population. Since the beginning of 2010, a process has been underway to improve efficiency by reverting the responsibility of the National Blood Transfusion Services (NBTS) from the Ethiopia Red Cross Society (ERCS) to a government-led and managed service under the FMoH and the RHBs. This has placed the NBTS and management of its existing 26 blood banks under the mainstream health care delivery system; thus ensuring easy access to a safe blood supply for the whole population.

A transitional plan and strategy were developed and implemented through a higher committee chaired by the Minister of Health and a lower committee chaired by the Head of Medical Services Directorate. Sub-committees formed include human resources, equipment and premises, infrastructure development, scale up of the services as well as procurement of critical supplies.

Considerable achievements in these areas have been realized in the reporting period. Additionally, there was improvement in the blood services under the ERCS: in the manner of total blood collections, testing and quality though there were some challenges.

Demonstration of blood collection to regional staff at
the Addis Ababa centre

Key Achievements

i. Re-Organization of the Blood Transfusion Service

WHO has supported the FMoH in the restructuring of the blood transfusion service through the development of :

- A concept paper, a comprehensive transitional strategy and a plan to operationalize the strategy that included human resource needs and infrastructure development, use of existing (ERCS BTS) facilities

and establishments in the interim scale up of the services besides procurement of critical supplies and equipment,

- An organisational structure as well as job descriptions that were cleared by the Office of the Prime Minister and adopted by the Ministry of Civil Service for implementation by the FMoH,

However, due to the protracted processes, little had been realized by the end of 2011 although the said processes were in the advanced stages.

ii. Scaling-up of the Service

WHO, in the meantime, focused on supporting the FMoH in strengthening and expansion of the regular voluntary non-remunerated blood donations through improved mobilization of the community and scaled-up blood collection.

- Seven mobile blood collection teams in Addis Ababa and one in each regional blood bank were planned to be deployed. However, only two in Addis Ababa and 6 in the 12 existing regional blood banks were constituted,

- Training programs for over 150 community donor moralizers that target opinion and other community leaders and heads of post primary institutions were conducted in Addis Ababa, Oromiya and Dire Dawa regions,

- Meetings were held with post primary institutions and universities in the two regions aimed at scaling up blood collection from voluntary blood donors,

- A total of 50,603 units of blood were collected representing 60.2% of total collection target for the period and an increase of 10,453 units over the previous year, and

- All blood continue to be tested for all the WHO recommended disease markers: HIV, HBsAg, HCV and Syphilis. Total discards were reduced to 16% of total collections, of which discards due to transfusion transmission infections continue to be the main reason accounting for 10% of total discards.

iii. Capacity Building and M&E

WCO supported the development and implementation of the national as well as regional blood bank annual technical plans, and conducted supportive supervision to 60% of the regional blood banks and several major hospitals; besides participating in the regular technical working group meetings. The Office also:

- Technically and financially supported training programs for 16 doctors, 80 nurses and midwives as well as for over 150 community blood donor mobilizers, on appropriate clinical use of blood and its safe administration to patients;

- Conducted mentorship and on-site training in 5 of the 12 existing blood banks in the country, and
- Supported the establishment of a blood donors' association in Addis Ababa.

Training of nurses on safe bedside practices
at Adama Medical College.

2.3 Essential Drugs and Medicines

The pharmaceutical sector is a crucial component of the health system that plays a key role in the production, supply, regulation and use of medicines and medical supplies. WHO has closely worked with and supported the FMoH and its agencies in implementing priorities of the HSDP and other related plans. In 2011 WHO's support focused on human and organisational capacity building, strategic information generation and tools development aimed at strengthening regulatory performance, improving supply, access and rational use of medicines.

Key Achievements

i. Training

Good Manufacturing Practice

With the objective of addressing the gap in Good Manufacturing Practice (GMP) compliance by local manufacturers, WHO provided technical and financial support for the training of 14 technical experts working in the local pharmaceutical manufacturers and 12 GMP inspectors from the regulatory authority. The trainees were exposed to major topics of the GMP training package.

Rational use of Medicines

WHO also supported the training of health professionals representing health centers in the Amhara regional state and PFSA branches on the Principles and Strategies of Rational Drug Use (RDU) including the key role of Drug and Therapeutics Committees in Promoting RDU.

ii. Assessment of safety and efficacy of medicinal plants

Similar support was provided to the EHNRI in the evaluation of the efficacy of Moringa stenopetala for its anti-diabetic activity. The outcome of the study supported the claim for the traditional use of the plant for the management of type 2 diabetes mellitus.

iii. Reviews and Assessments

The Annual Pharmaceutical Sector Review that brings together the FMHACA, its branches and the regulatory units of the RHBs, to monitor and evaluate the implementation of agreed joint plans was conducted with the financial support of the WCO.

Furthermore, a workshop to review the draft reports on the assessments of the Ethiopian Pharmaceutical Sector and Human Resources for the Pharmaceutical Sector was successfully organized in collaboration with FMHACA.

iv. Development of over-the-counter and emergency medicines lists

The WHO provided financial and technical support for the revision of the list of over-the-counter (OTC) drugs, which is widely used by all categories of pharmacy outlets for dispensing medicines without prescriptions and the preparation of a list of emergency medicines for private, NGO and other governmental clinics along with the OTC list development project that was carried out by the FMHACA.

2.4 Health Promotion

Health promotion activities aim at promoting health and development, preventing and reducing risk factors for health conditions such as those associated with tobacco, alcohol, drugs and other psychoactive substance use, unhealthy diets, physical inactivity and unsafe sex.

In 2011, the focus of WHO's health promotion services has mainly been on:

- Providing technical and financial support to strengthen FMoH and RHBs' capacities to coordinate the development and implementation of effective health promotion across all programs,
- Enhancing partnerships with media for a coordinated and sustained response in addressing priority health issues, and
- Advocating for policy and financial support to strengthen sustainable delivery of integrated basic health services and for the ratification of the WHO Framework Convention for Tobacco Control (FCTC).

Key Achievements

i. Strengthened capacity, partnership and coordination

WCO supported:

- the design, planning and implementation of health promotion and advocacy activities on priority health issues through a training workshop for a total of 10 staff from: FMoH (5) and Amhara RHB (5).

Participants of the 1st Media Advocacy Training in Amhara Region, Debre Markos, June 2011

- Two rounds of Media Advocacy Workshops were conducted in Amhara Region and at the national level where 45 media professionals were trained in order to enhance their advocacy role in relation to neglected tropical diseases, malaria and EPI. The post-training follow-up and evaluations conducted showed encouraging media promotion on NTDs, where programmes were developed and disseminated through local media channels (Ethiopia Television, national newspapers, regional TV and local newspapers), and

- The establishment of the first National Media Network for Health by mobilizing partners to buy in and support the network with resources.

ii. Advocacy

WCO in collaboration with the Amhara Regional Health Bureau conducted two advocacy visits and workshops on the management and control of NTDs (Leishmaniasis and Guinea Worm) and promotion of immunization. The collaboration aimed at creating awareness, decentralizing treatment centers to create better access for affected people, soliciting for sustained financial support and encouraging private sector engagement in financing health promotion.

Through the advocacy workshops and meetings, health officials and political leaders in the Region committed to opening new sites for Leishmaniasis treatment in Amhara Region. Moreover, they initiated overseeing the implementation of the health services in their respective constituency and promoting the engagement of the private sector in the prevention and control of Leishmaniasis.

Politicians, Media and Health officials mobilized for greater commitment, Amhara Region, Dec 2011

Another area of engagement during the reporting year aimed at increasing awareness on the impacts of tobacco and substance use via an advocacy forum and panel discussions organized in collaboration with FMHACCA, EPHA, AAU, etc. The forum also aimed at soliciting FCTC ratification.

ii. Mainstreaming health promotion in approaches of the units of WCO

This includes:

- Provision of health promotion materials and guides reflecting broader determinants of MNCH and those specific to Leishmaniasis and Guinea Worm that were developed and used to help facilitate advocacy and panel discussions. IEC materials: six brochures and posters on various topics and several other promotional materials were also developed in collaboration with partners.
- Preparation of nine case studies on the underlying causes of unavailability and inaccessibility of treatment services for Leishmaniasis in Amhara Region. Furthermore, articulate advocacy messages were developed for specific audience groups together with beneficiaries, media professionals and partners.
- Compiling and promoting best practices on increased immunization coverage from two districts that operate under similar circumstances in Amhara Region: Debub Achefer and Yilmana Densa. Advocacy messages were further developed to better inform the health system for scale up activities.
- Supporting the planning and coordination of celebrations of international days such as celebration of the World Health day, World Mental Health Day, World No Tobacco Day, World Malaria Day, International TB Day, International AIDS Day, International Peace and Security Day, African Food and Nutrition Day, African Vaccination Week, World Sight Day, Hand Washing Day and the UN week.
- Preparation and dissemination of 12 issues of "Tenachin": WCO's official newsletter, covering major events and activities accomplished.

Partnering with the media: Mothers in very rural communities in Amhara Region, talking about immunization

World Mental Health Day 2011 celebration in Addis Ababa.

In partnership with local NGOs, WHO supported community empowerment processes for community health action, Amhara, June 2011

Challenges

Despite the wonderful steps taken by the Government to speed up the production of key health professionals, it will take a bit of time to fill the gap of skilled professionals for continuity of care across health conditions and different locations. Furthermore, the slow implementation of the HMIS reform to support evidence-based decision-making and systems management; the inadequate national health promotion and health communication mechanisms for coordinating, planning, implementation, training, monitoring & evaluation of programs are challenges faced in the area.

In the pharmaceutical sector:

- Increasing demand for financial and technical support from government bodies and civil societies,
- Limitations in the technical capacity in the pharmaceutical manufacturing industry, and
- Inadequate and inaccessible strategic information on the pharmaceutical sector as well as inadequate follow-up mechanisms in monitoring the impacts of the implementation of knowledge/skills gained from trainings, and implementation of guidelines are some of the existing challenges.

Delays in the construction of blood banks is another continuing challenge delaying improved access to the service. Furthermore, delays in the procurement of critical supplies such as proper test kits and blood bags have forced staff to resort to using rapid test kits and emergency procurement of blood bags. Delays in the procurement of equipment also delayed the start of extra mobile teams and the recruitment of core technical teams which in turn delayed blood transfusion services both at national and regional levels.

Way forward:

In the coming year, the Country Office plans to:

- Collaborate in efforts to enhance the number of efficient health workforce by: strengthening the capacity of training institutions to scale up the production of appropriate health workforce; strengthening the capacity on M&E for improved production, retention and performance of health workforce; and by strengthening human resource development and management units at sub-national levels to improve recruitment, utilization, task-shifting and performance,

- Generate evidence on health service organization and management, as well as demonstrate, document and share lessons on service delivery modes with aims to improving accessibility and equity in service utilization among rural and inaccessible populations,

- Support the development and implementation of referral systems at all tiers, through development of guidelines and training of health workers,

- Support resource mobilization and social protection mechanisms, including the social health insurance schemes,

- Support full implementation of the comprehensive health information systems, and the use of information and communication technologies,

- Work with FMoH and RHBs to advocate and strengthen the revitalization of the regional and national health promotion coordination mechanisms,

- Support the Government's efforts in building the capacity of the local pharmaceutical industry,

- Advocate for expediting the finalization of construction of blood banks recruitment of core staff and absorption of ERCS staff by the FMoH, and

- Explore mechanisms for an improved procurement and supply system to avoid shortage of critical supplies.

CHAPTER THREE

HIV/AIDS TUBERCULOSIS AND MALARIA PREVENTION AND CONTROL

3.1 HIV/AIDS

Ethiopia is in a generalized HIV epidemic state with significant heterogeneity among regions and population groups. The rural epidemic appears to be relatively widespread but heterogeneous, with most rural areas having relatively lower prevalence of HIV.

The country has produced new national HIV/AIDS estimates using DHS-2011 and ANC-2009 in the Global AIDS Report for 2011. According to the new estimate, HIV prevalence is 1.5% in 2011 (4.2% for urban and 0.6% for rural). The prevalence is higher among females (1.9%) than males (1%). Evidence shows that recent infection has decreased in the country and prevalence among young people has shown a remarkable decline over the last six years. According to the ANC-2009 surveillance, HIV prevalence among young people (15-24 years of age) declined from 12.4% in 2003 to 2.6% in 2009. Currently, an estimated number of 789,900 people live with HIV and AIDS (607,700 adult and 182,000 children less than 15 years of age). The 2011 estimate of the number of people who need Anti-Retroviral Treatment (ART) stands at 289,000 for adults and 82,000 for children while an estimated number of 42,900 pregnant women who are HIV positive need PMTCT services.

The WCO has provided significant inputs into the national efforts for improving the coverage and quality of comprehensive HIV prevention, care and treatment services in the country. The support is provided at the national level and to all regional health bureaus based on the SPM II 2010/11 – 2014/15. ART coverage for adults has shown a remarkable improvement over the last five years. The number of adults who are currently on ART has reached 249,000 (86%) while coverage among children less than 15 years is much lower (20%) compared to that of adults. PMTCT coverage in the reporting year was 20%.

Key Achievements

The Country Office

- Through WHO staff secondment to FHAPCO, provided technical assistance towards the finalization of the Strategic Plan II for intensifying multi-sectoral HIV/AIDS response in Ethiopia for 2010/11 – 2014/2015,
- Supported the monitoring and evaluation activities of the HIV/AIDS program particularly the patient monitoring, and
- As a member of the national HTC TWG, provided technical assistance in:
    - The revision of the National HIV Testing and Counselling Training Package which includes couple HIV testing and counselling; and in the development of home based HIV Testing and Counselling Manual for urban health extension workers,
    - The development of the National Infection Prevention & Patient Safety (IPPS) Reference Manual,
    - The development of the standard operating procedures to guide the decentralization and service quality of HIV prevention, treatment and care in the Oromia region,

The Office also provided technical and financial support to:

- The FMoH in the development of the HIV module for the Integrated Refresher Training package for the rural health extension workers,
- Capacity building efforts for program managers and health workers at the federal and regional levels, through ToTs and trainings on comprehensive HIV prevention, care and treatment,
- FHAPCO and RHBs for conducting regular supportive supervisions and review meetings as well as for following up the implementation of action points/recommendations of each round of supportive supervision,
- FHAPCO in conducting the five year national ART and PMTCT implementation status and outcome surveys,
- EHNRI in all steps of the accreditation process for the HIV laboratories conducting HIV drug resistance genotyping,
- EHNRI for the prevention and monitoring of HIV drug resistance in the country by undertaking a survey on early warning indicators (EWIs) of HIV drug resistance conducted in 45 representative ART sites; HIV drug resistance threshold survey in Gondar and HIV drug resistance prevention monitoring survey in St. Paul's teaching hospitals. These are ongoing activities which are essential to assess the level of drug resistance transmitted in the course of HIV treatment,
- RHBs for a two-day orientation sessions on the global and national strategies of HIV drug resistance prevention and monitoring. A total of 227 health workers and program managers from RHBs in Addis Ababa, Afar, Amhara, Oromia and Tigray participated in these sessions; and

Additionally, financial support was provided to the FMoH for the printing of the HIV Module of the Integrated Refresher Training Package and the National IPPS Reference Manual.

3.2 Tuberculosis

Currently, Ethiopia is implementing the STOP TB STRATEGY which addresses TB/HIV and MDR-TB, health system strengthening, engagement of communities and all care providers and operational research in addition to strengthening DOTS. WCO has contributed significantly to the implementation of the above mentioned strategy at national and regional levels.

Key Achievements

i. National TB prevalence survey

The Country Office provided technical support for the development of the survey protocol besides conducting joint supportive supervision of field operations. It also supported the periodic review of field operations and findings, the analysis and interpretation of survey findings and the dissemination of preliminary results at national and international fora.

ii. Develop/Review and Update the National TB operational guidelines

The Country Office reviewed and updated the National TB/Leprosy and TB/HIV Operational Guidelines, developed Ambulatory Care Protocol for MDR TB patient management and Gene X-pert Implementation Protocol for TB and MDR-TB Diagnosis as well as a guide for the TB treatment regimen change from EH to RH in the continuation phase.

iii. Capacity building

The Office furthermore,

- Reviewed comprehensive TB/Leprosy and TB/HIV training materials for general health workers and finalized the development of integrated refreshment training materials for health extension workers,
- Facilitated the training of general health workers on TB treatment regimen change from "EH" to "RH" and
- Facilitated the ToT on TB and TB/HIV for focal persons from zones and hospitals and supported the cascading of this training.

iv. Assessment of TB control situation in refugee camps

WCO conducted an assessment on the TB control situation in the Dolo Ado refugee camps upon which programmatic and service-related gaps were documented and communicated to camp managers, local, regional and federal governments and partners. Based on the results all stakeholders immediately responded and most challenges were properly addressed.

v. Community-based TB care

A program on community-based TB care was piloted in Amhara, Oromia and SNNPR regions and the experiences were shared with FMoH, RHBs and the city administration. Furthermore, WCO provided technical support to the FMoH and RHBs for the nation-wide expansion of the program.

vi. Second Round National Drug Resistant TB survey

The Country Office technically supported the development of the Protocol for the Second Round National DR-TB survey and financed its execution.

vii. TB Laboratory strengthening is also another area where the office supported the development of the External Quality Assurance system for peripheral laboratories, training of lab personnel and importation of laboratory reagents and supplies for TB lab services.

viii. Strengthening Program Management

With aims to strengthen the organisational program implementation capacity and enhance TB control program performance in the regions, WCO developed a Leadership and Program Management Training Module for TBL focal points at regional and sub-regional levels and facilitated the provision of the training for selected program managers at regional and zonal levels.

Furthermore, the Office

- Organized and supported joint supportive supervisions to strengthen performance of health staff, and
- Organized and participated in review meetings at national, regional and zonal levels to monitor and review the status of TB and TB/HIV implementation.

ix. TB Infection Control

The Country Office:

- Supported the assessments of the TB Infection Control (TB IC) situation at Health Centers in Addis Ababa region,
- Provided financial and technical supports for the renovation of two hospitals in Amhara region to accommodate TB infection control standards, and
- Supported the provision of infection control equipment and supplies for MDR TB treatment facilities at Gondar University Hospital, St. Peter's hospital, ALERT hospital and selected TB facilities in Dire Dawa.

Through the technical support for the development of operational guide and capacity building (training and joint supportive supervision) of staff of new TB and TB/HIV facilities, WHO has contributed to the successful expansion of DOTS and TB/HIV collaborative services as indicated in figures 1 and 2 below.

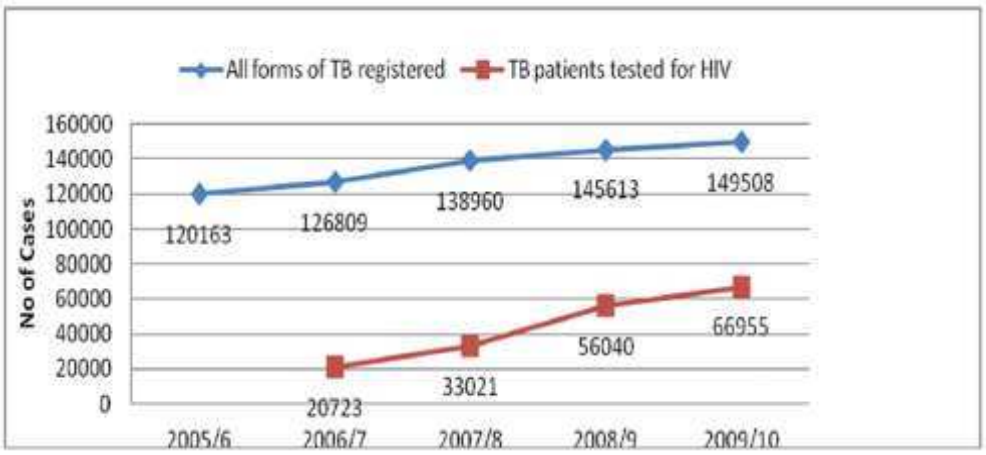

Figure 1: National trends of DOTS service sites & TB/HIV collaborative activities expansion

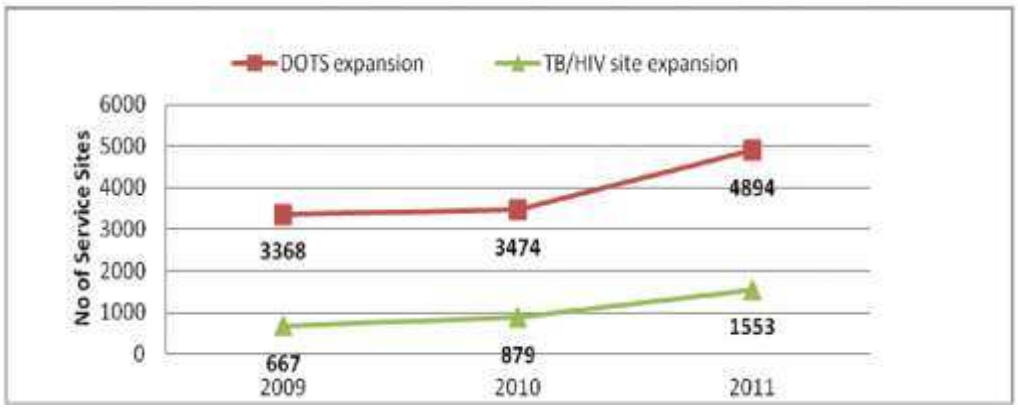

Figure 2: Trend of TB case notification and TB patients tested for HIV

3.3 Malaria

Malaria is a serious public health problem in Ethiopia. The current five - year (2011- 2015) strategic plan of the FMoH aims to achieve goals that eliminate malaria within specific geographic areas and reach historically low malaria transmission and a near-zero malaria death rate in the remaining malarious areas of the country by 2015.

WCO has been supporting malaria prevention and control activities in Ethiopia by contributing to the efforts of capacity building, evidence generation and monitoring and evaluation.

Key Achievements

i. Revising and updating malaria control guidelines and other technical documents

WCO supported the:

- Revision and updating of three malaria control guidelines: Vector Control; Diagnosis and Treatment and Malaria Epidemic Preparedness and Response (EPR) Guidelines that were integrated into one document. The guidelines were printed and disseminated to public and private health facilities, all partners and interested groups,
- FMoH in the preparation and revision of the Five - Year (2011-2015) National Strategic Plan for Malaria Control and Elimination. The document is now in its final draft form and will soon be endorsed and printed for distribution by the FMoH,
- FMoH in developing the country concept note on Insecticide Resistance Management (IRM) with the support from IST/AFRO, and
- FMoH in the preparation and submission of malaria proposal to the Global Fund through the Transitional Funding Mechanism (TFM).

ii. Capacity building

In this regard, the Country Office:

- Participated in the preparation of training materials and in facilitating the training of health workers in a comprehensive malariology course. The four-weeks training was provided in three rounds for 60 trainees in each round. A total of 180 national staff participated in the training,

- Supported and facilitated an international training course in Planning and Management of Malaria Control Programs for WHO Anglophone African countries. In the reporting year, the six-weeks training was jointly organized by WHO and the FMoH and was attended by participants from eight countries including six from Ethiopia, and

- Supported RHBs in conducting micro planning for procurement of malaria commodities (ACT, RDTs and LLIN) particularly in Gambella and Beneshangul- Gumuz regions and in four zones of the Oromia Region. In addition, financial support was provided to strengthen the capacity of health extension workers in malaria control in Gambella, Afar and Benishangul-Gumuz regions.

iii. Monitoring, evaluation and program review

During the reporting year WCO:

- Provided technical support to the FMoH in conducting a Malaria Program Performance Review (MPR 2011) with the active participation of all partners,
- Actively participated in the national malaria indicator survey (MIS 2011) including the training of supervisors and data collectors, field supervision, maintenance of the Personal Digital Assistants (PDA) and logistical support,
- In collaboration with FMoH, completed data collection from 48 hospitals located in malarious areas across the country for the Health Facility Based Impact Assessment of Malaria Interventions. Preliminary results are expected in the second quarter of 2012,
- Supported the FMoH in the implementation of the Malaria Risk Mapping Project: in the development of the proposal by outlining the implementation plan and data collection tools and in the data location of health-facility-based surveillance which is underway. The data collection will be completed by mid-April 2012,
- Conducted an assessment upon which a proposal with recommendations on setting-up malaria sentinel sites to strengthen malaria surveillance in the country, was developed and submitted to the FMoH,
- Supported the Government in data collection and compilation of the 2011 country malaria data as input for the 2011 World Malaria Report (WMR 2011),
- Conducted supportive supervisions in districts and health facilities in three regions besides providing other technical support to regions during various occasions,
- Supported the EHNRI through procurement and provision of the recommended insecticide resistance monitoring kits.

Malaria Program Review 2011: The Signing of Aide Memoire at FMoH

iv. Research

The WHO Regional Office for Africa developed a proposal for a project on "Demonstrating cost effectiveness and sustainability of environmentally sound and locally appropriate alternatives to DDT for malaria vector control in Africa". The project aims to bring forth alternative interventions that are cost-effective, environmentally sound, sustainable and replicable in other parts of the world where DDT is used for vector control.

The DDT/ GEF project was initiated with the aim of generating evidence on alternative heterogenous epidemiological settings within the framework of the Stockholm Convention on Persistent Organic Pollutants; that restricts the use of DDT for malaria vector control purposes only. Financed by the Global Environment Facility (GEF), the project is being implemented in four pilot districts across 4 Regional States of the country: Adama (Oromiya), Kola Tembien (Tigray), Sodo (SNNP) and Tach Armachio (Amhara).

In line with this project, a house-hold survey to gather baseline information on the prevalence of malaria in the four pilot districts was conducted with the technical and financial support from WHO/AFRO and is now under data analysis. Furthermore, WHO/AFRO supported an insecticide susceptibility test of malaria vectors for alternative insecticides that was carried out in all project districts.

Key Challenges

- Insufficient support to the country to address the low coverage/uptake of PMTCT services and for improving the patient retention/adherence to HIV care and treatment (pre-ART/ART),
- Slow service expansion to diagnose and treat MDR-TB patients,
- Lack of quality microscopes in newly constructed health centers to start TB diagnostic services,
- Loose linkages between health posts/community and TB diagnostic health facilities for early detection of smear positive TB cases in the community,
- Lack of implementation of some malaria interventions (e.g. insecticide efficacy for vector control; universal use of diagnostics to appropriately direct treatment, low bed net utilization), and
- Weak health information systems.

Way Forward

In the coming planning year, WCO shall support:

- The development of national HIV care & treatment adherence strategy,
- FMoH and other partners in delivering quality microscopes to TB diagnostic health facilities,
- Community based TB care, and
- Efforts to strengthen linkages between HP/community and health centers.

It shall also

- Encourage implementation of interventions including those addressing insecticide efficacy for vector control and assuring universal use of diagnostics to appropriately direct treatment as well as improving net utilization rates, and
- Strengthen the technical and financial supports at national and regional levels to scale up MDR-TB diagnostic and treatment services.

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CHAPTER FOUR

DISEASE PREVENTION AND CONTROL

4.1 NEGLECTED TROPICAL DISEASES

Ethiopia has identified eight Neglected Tropical Diseases (NTDs) as priority public health concerns and has developed an integrated strategic plan for the control/elimination and eradication of these diseases. These are Dracunculiasis, Onchocerciasis, Lymphatic Filariasis, Leishmaniasis, Schistosomiasis; Soil transmitted Helminthes, Trachoma and Podoconiosis. The endemic level of these NTDs in the country varies from region to region. Most occur in clusters and are strongly linked with poverty. They are, however, preventable by mass drug administration and proper sanitation.

4.1.1. Dracunculiasis Eradication

Since its commencement in 1994, the Guinea Worm Eradication Program in Ethiopia, has been implementing major interventions. So far, a total of 3481 cases have been treated. During the first six years of programme interventions, a rapid decline of guinea worm cases was observed but became steady in the remaining years. Gambella Region remains endemic for Guinea Worm disease where six cases were reported in 2011. In South Omo, indigenous transmission has been interrupted since 2001, while cross-border imported cases are still reported.

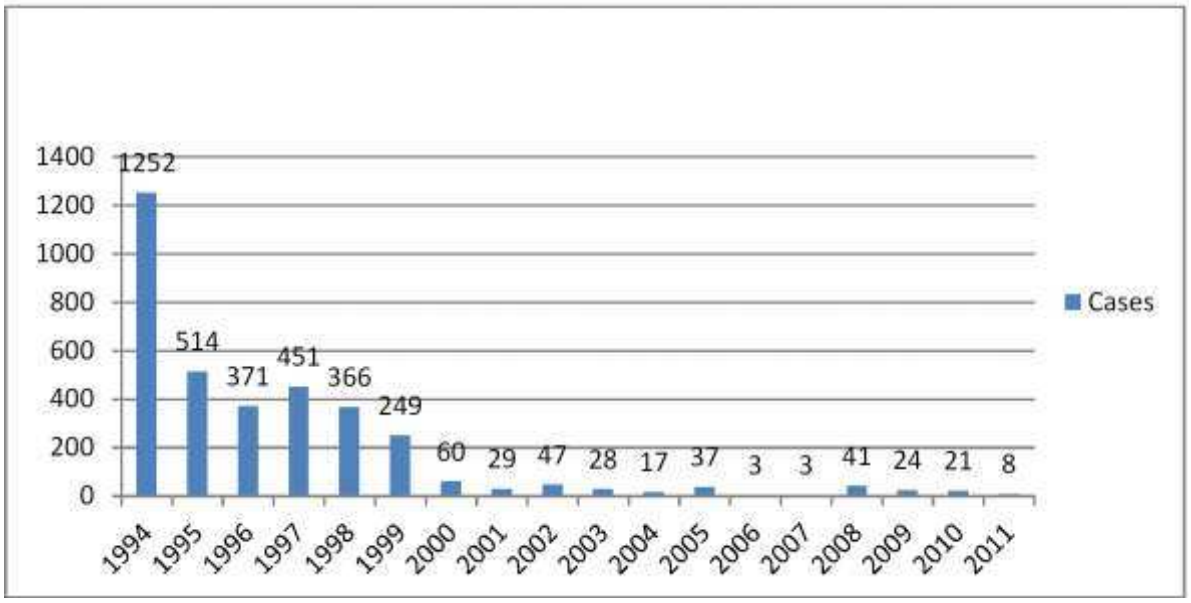


Figure 1 Trends of dracunculiasis (guinea worm) cases
(including cross border imported cases) reported from Ethiopia, 1994 to 2011

The WCO supports the technical, logistical and financial aspects of the implementation of the Program in the endemic and formerly endemic districts. As the country is currently approaching the pre-certification period, there is a need to intensify surveillance and awareness raising activities nationwide.

Key Achievements

i. Surveillance

In 2011, a total of eight cases were reported including six indigenous cases from three villages of Gog district in Gambella region. 83.3% of the cases were males, and five of them were between the age group 15 – 40 while one was under 15 years of age. All of the six indigenous cases were contained. Surveillance reports showed a reduction by 70% as compared to the same period in 2010. Zero case report was maintained since July 2011.

On the other hand, two cross-border imported cases from South Sudan were reported by SNNPR: one from former endemic Nyangatom district of South Omo Zone and the other from never endemic Surma district of Bench Maji zone. The case reported from Surma district was uncontained as the worm emerged while the patient was in villages of South Sudan and was detected in Surma district after 24 hrs of worm emergence.

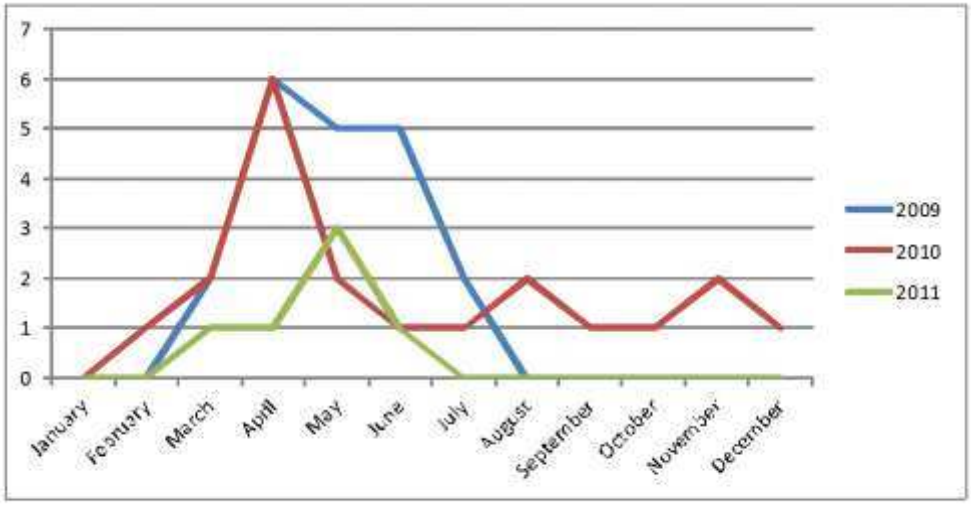


Figure 2 Incidences of Dracunculiasis (Guinea Worm) in Gambella Region

ii. Health Education and Community Mobilization

Different approaches were used to enhance community awareness on Guinea Worm (GW) eradication to ensure pre-certification activities. These include: printing and distribution of materials including; 20,000 posters, 120,000 brochures and 50,000 GW identification cards to all regions; transmitting important GW messages nationwide via mass media as well as using mobile vans to mobilize the community in five regions.

iii. Capacity Building

Training on the surveillance activities of the GW disease was carried out in Oromia, SNNPR, Gambella and Benshangul/Gumuz regions. The training participants include regional, zonal and district Health Promotion and Disease Prevention (HPDP) & Public Health Emergency Management (PHEM) Officers. In addition, health workers from health facilities also participated during the training. A total of 661 health workers and 30 media staff attended the training.

4.1.2 Onchocerciasis and Lymphatic Filariasis

WCO provided technical and financial support to FMoH in the rapid epidemiological mapping for Onchocerciasis (REMO) in areas that were not covered in the past. The assessment identified 35 new hyper-/meso - endemic districts that were included in Community Directed Treatment with Ivermectin (CDTI) projects. Budget and drug requests were submitted to APOC and Mectizan Donation Programme respectively.

Furthermore, Mass Drug Administration (MDA) was conducted in all the 10 CDTI projects with 99.85% geographic coverage and 75% national therapeutic coverage. The review meeting recommended implementing bi-annual MDA to the newly identified districts.

Lymphatic Filariasis mapping has also identified 36 endemic districts. Thus, efforts are underway to scale up the MDA activities in all endemic districts and to complete the mapping exercise.

4.1.3 Leishmaniasis Control Programme and Other NTDs

Leishmaniasis, as the other NTDs, is endemic in the lowlands of the country from which Amhara and Tigray Administrative Regions are highly affected. WCO supports the national Leishmaniasis control program's efforts to improve access to Leishmaniasis services via the integrated approach of service delivery. It has also supported the country's efforts to control other NTDs including Schistosomiasis (SCH) and Soil Transmitted Helminthes (STH) which are widely endemic in the country.

Key Achievements

WCO:

- Played a key role in the preparation of the NTD Master Plan for Ethiopia with eight diseases identified as NTDs of public health importance and STH/SCH surveys,
- In partnership with FMoH, MoEd and WFP, supported the survey conducted on the prevalence of Soil Transmitted Helmentiasis (STH) and Schistosomiasis. Based on the findings of the survey de-worming was done in selected schools of Amhara and Oromia administrative regions with technical support from WHO,
- Trained more than 200 health workers (MDs, Health Officers, Nurses and laboratory professionals) on Visceral Leishmaniasis (VL) diagnosis and treatment as part of capacity building activities. This will help for further decentralization of the Leishmaniasis services in the endemic regions,

Practical session during VL training, December, 2011, Suhul Hospital, Tigray Region.

- Procured and donated drugs and supplies for the Leishmaniasis Control Program,
- Supported two additional regions (Oromia and Somali) in the rolling-out of Leishmaniasis services through capacity building of health workers,
- Provided technical and financial support for advocacy and improving awareness by building partnerships among the media people, the business community, the political leaders and the general public to support the existing effort against Leishmaniasis,
- Provides technical and financial assistance to the highly VL endemic regions by deploying three mobile teams whose main role is to provide health education and conduct case screening and referrals at the community level, and
- Continued supporting the two mapping projects: identification of environmental parameters and risk mapping of Leishmaniasis in Ethiopia by AHRI and mapping the distribution of VL in Ethiopia and investigation into entomological risk factors by AAU/ALIPB.

4.2 NON COMMUNICABLE DISEASES, VIOLENCE AND INJURY PREVENTION AND MENTAL HEALTH

Sub-Saharan Africa is experiencing the triple burden of communicable diseases, Non-Communicable Diseases (NCD) and mental illnesses. Available data indicate that the prevalence of NCD, namely cardio vascular diseases, chronic respiratory diseases, diabetes, cancers, mental disorders, and violence and injury are on the increase. The risk factors driving these diseases include tobacco, harmful use of alcohol, unhealthy diet, and physical inactivity*.

In 2006, member states in the WHO African Region, adopted the African Strategic Framework for the Prevention and Control of NCDs. Similarly, Ethiopia developed its five year National Strategic Frame Work on the Prevention and Control of NCDs and their Risk Factors.

The WCO aims at providing technical support to FMoH and RHBs in the preparation of policies, programs and plans of action. It further supports efforts towards building the capacity of health professionals and stakeholders on the prevention and control of NCDs including mental health, injury prevention and rehabilitation.

Key Achievements

With regard to prevention and treatment of NCDs, the Office supported:

- The preparation of the 2012 Plan of Action for the implementation of the National Strategy on the Prevention and Control of Chronic Non Communicable Diseases as well as the development of the National Five-Year Strategic Plan for Eye Health (2011-2015),
- ToTs on Trauma Care for health workers recruited from five regions (Tigray, Amhara, SNNPR, Harari and Dire Dawa) and trauma care providers; as well as a series of similar training on Trauma Care for health managers using the Total Quality Improvement (TQI) manual,

* Global Status Report on Non Communicable Disease

- The finalization of the national data collection for the second Global Road Safety Status Report and Decade of Action for Road Safety 2011-2020.

4.2.I. MENTAL HEALTH

Mental health services in Ethiopia are primarily centralized around Emanuel Hospital, in Addis Ababa, though over the last 20 years, there have been encouraging attempts to decentralize the service through a psychiatry nurse training program. The importance of increasing mental health coverage in Ethiopia is widely recognized, however, coverage has been very low and is estimated to be below 1%.

Mental Health Gap Action Program (mhGAP) is WHO's initiative to support the scaling up of mental health services, neurological and substance use disorders for less developed countries to address their needs. The essence of mhGAP is building partnerships for collective action reinforcing the commitment of governments, international organizations and other stakeholders.

Key Achievements

The WCO

- Provided technical and financial support for the psychiatrist training program of Emanuel Mental Health Hospital, and developed an action plan in consultation with the mhGAP Core Group,
- Conducted mhGAP situation analysis in five regions and 1 City Administration (Amhara, Tigray, Oromia and SNNPR, Harare and Dire Dawa) on the basis of a normative situation analysis form,
- Contextualized the mhGAP Intervention Guide (mhGAP-IG) and developed harmonized training materials. Furthermore, two training of trainers (ToTs) on the mhGAP priority conditions selected in Ethiopia (Psychosis, Depression, Epilepsy, and Alcohol Use Disorders) were conducted in Addis Ababa and Dire Dawa for about 30 participants.

Participatory learning session during the first training of trainers at Emanuel Hospital, Addis Ababa

4.3 INTEGRATED DISEASES SURVEILLANCE AND RESPONSE

Disease surveillance is considered as a corner stone of any disease prevention, eradication, elimination and control program. Ethiopia adopted and started implementing the Integrated Disease Surveillance and Response (IDSR) strategy since 1999, following the recommendations of the 48th session of WHO/AFRO Regional Committee in 1998. This strategy has helped disease control and response activities by streamlining and systematizing the surveillance activity in the country. IDSR was also very effective in providing surveillance information for emergency preparedness and response activities and implementation of the International Health Regulation (IHR) 2005.

The WCO has provided technical and financial support to FMAHACA and RHBs to strengthen the surveillance, outbreak investigations and build the minimum core capacities of IHR 2005 in the health system as well as at the ports of entries.

Key Achievements

Provision of technical support for:

- Advocacy and training on IHR to 72 different stakeholders working at ports of entries,
- The development of Community IDSR (CIDSR) guideline and CIDSR training material for Dire Dawa health bureaus,
- Regular and consistent outbreak investigations of Unknown Liver Disease (ULD) in Tigray region and Diarrheal diseases in Somali region, and
- Joint supportive supervisions that were conducted with: i) the RHBs in five regions (SNNPR, Tigray, Amhara, Oromia, Dire Dawa) to assess CIDSR and strengthen and scale up to other districts; ii) FMAHACA to assess the minimum core capacities of three Airports (Dire Dawa, Bahirdar and Alula Abanega).

Financial support provided includes for:

- Printing and dissemination of case definitions for all health facilities in the country and community members,
- Distributing different reporting formats to different levels of the health system,
- Procurement of different diagnostic supplies for EHNRI,
- Full scale up of CIDSR in SNNPR, Tigray, Amhara and Diredawa regional health bureaus, of Rabies diagnostic services in regions via EHNRI, and
- IHR implementation at ports of entries via FMAHACA.

4.4 EMERGENCY AND HUMANITARIAN ACTION

The impact of natural disasters like drought, flood, and human epidemics namely Measles, Malaria and Acute Watery Diarrhoea (AWD) have significantly affected the health of the population and continuity of health service provision during the year 2011. Moreover, massive

population movements of refugees have greatly contributed to increased vulnerability of various segments of the population and to risks of exposure to communicable diseases as evidenced in the humanitarian response report of the (HRD2011).

The WCO Emergency Team works in close collaboration with Government and other partners in actively monitoring these immediate challenges and sharing information. The Team focuses on assessing risks, identifying gaps, developing plans and mobilizing resources to fill gaps as well as provision of support in coordinating partners' responses. Equally critical for the area of work is focusing on emergency preparedness measures and building the capacity of the health system at all levels through close collaboration with the PHEM center at EHNRI to minimize the public health impact of major disasters, crisis and conflicts.

Key Achievements

WCO, in addition to its office staff, recruited and deployed 11 consultants (4 in Oromia, 4 in SNNPR, 1 in Amhara, 1 in Gambella and 1 in Somali) and three data managers (1 at central and 1 each at Oromia and SNNPR) that provide technical support in the areas of emergency preparedness and response activities in affected regions.

i. Assessment and Monitoring

In order to identify risks to public health emergencies, assess impacts of recorded emergencies (flood and drought) and monitor ongoing disease outbreaks including Measles, AWD, Meningitis, Malaria, Dysentery and other diarrheal diseases; WCO provided technical and financial support to activities in five regions: Amhara, Oromia, SNNP, Somali and Gambella and refugee camps in Dolo Ado.

The Office also financially supported and participated in three humanitarian needs assessments conducted in close to 100 food insecure woredas in four regions: Amhara, Oromia, SNNP and Somali.

The various assessment and monitoring outputs were very instrumental in enhancing the weekly information sharing to partners, the preparation of contingency plans (drought/flood contingency) and Humanitarian Requirement Documents (HRDs) for the health sector; as well as in mobilizing resources for the gap-filling activities.

EHA team conducting assessment

ii. Gap Filling

Financial proposals were prepared based on the HRD and a total of USD3.5 million was raised to fill identified gaps for preparedness of anticipated threats and in response to ongoing emergencies including epidemics of communicable diseases, drought that affected parts of Oromia, SNNP and Somali regions as a result of the prolonged La Niña, and flooding which occurred in southern parts of Oromia and eastern Somali. As a result, 25 Diarrheal Disease Kits (DDKs) and 10 Inter-Agency Emergency Health Kits (IAEHKs) were procured and distributed to five regions (Oromia, SNNP, Somali, Amhara, and Gambella), NGOs and UN partners (UNHCR and IoM) as well as to Dolo Ado refugee camps.

Furthermore, in order to cover the operational costs of outbreak investigations, vaccination campaigns and costs of the rapid response teams deployed at various treatment centers, direct financial contribution was made to Oromia, Amhara, SNNP, Somali Regions and to EHNRI/PHEM.

The timely provision of needed drugs, medical supplies and financial requirements in response to recorded outbreaks of Malaria, AWD, Measles and Bacillary dysentery contributed to the rapid response and management of outbreaks resulting in local containment of outbreaks and reduced morbidity and mortality as evidenced by the low CFR in Measles (CFR=0.4%) and AWD (CFR=0.2%) outbreaks.

iii. Capacity Building

A total of 900 health staff from RHB and health facilities were trained in three regions: Amhara, Oromia and SNNRP with aims to building their capacity in the area of public health emergency preparedness, risk assessments and planning, response operations covering natural disasters and major communicable diseases of epidemic potential.

iv. Refugee Health

In this respect, support from the Country Office and the Inter-country Support Team (IST) was provided for the training of 50 health staff in conducting outbreak investigation and setting up of a disease surveillance system, distribution of treatment protocols and guidelines, allocation of drugs and medical supplies, and to cover other operational costs. The support was very instrumental in dramatically reducing case loads and the high mortality rate that were reported in the camp.

Technical support and a vehicle were also provided with the aim of strengthening communicable disease surveillance, monitoring and supervision of health services of the host community.

v. Horn of Africa drought response

While Ethiopia mitigated many of the potential hazards from the regional-wide drought through a strong health and nutrition system, particular support was given to scale up existing efforts in drought affected areas through the development of EPR plan; conducting preventive Measles campaign, implementing AWD outbreak prevention activities and strengthening the disease surveillance system in the hardest affected areas with weak health systems.

4.5 Nutrition and Food Safety

The high prevalence of all forms of malnutrition in Ethiopia continues to be a major public health concern that directly and indirectly contributes to more than 50 percent of the child mortality in the country (FMoH, 2008). The country's increased commitment and collaborations with partner agencies resulted in encouraging progresses in the reduction of malnutrition. The 2011 Ethiopia Demographic and Health Survey (EDHS) revealed that the rates of stunting, wasting and underweight decreased significantly, compared to previous years (Figure 3). The progress, however, is still insufficient to achieve the MDGs.

The WCO has provided technical and financial support to nutrition projects and activities in both crisis and non-crisis areas. Supports towards improved supervision of nutrition service delivery at facility and community levels and towards FMoH's efforts to develop the Nutrition Information System (NIS) are among the few.

Attempts to deal with the current nutrition situation include the promotion of food safety through enhancing the capacity for adoption and implementation of international standards. The office has contributed to the development of the intervention strategy, as well as the improvement in food inspection led by the FMHACA. Support has also been provided for strengthening partnerships among stakeholders in order to facilitate harmonized actions.

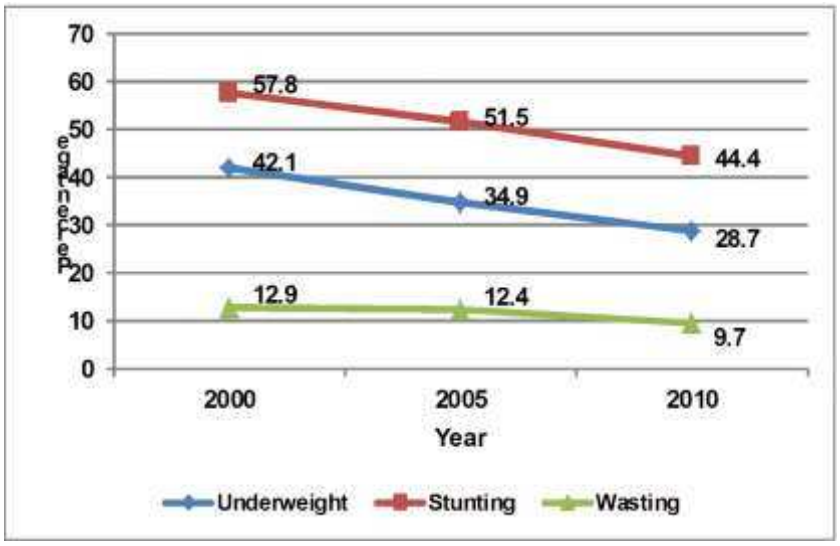


Figure 3: Trends of nutrition indices in Ethiopia
Source: FMoH and EDHS

Note. Figures are based on the WHO Growth Standards

Key Achievements

The office provided technical and financial support:

- For emergency nutrition interventions in the affected regions as part of the integrated nutrition and measles response,
- For early warning and coordination for nutrition response during the humanitarian crisis,
- To FMHACA for the implementation of food inspection, as well as workshops and conferences on food safety such as the National Stake-holders Workshop on Food Safety Issues in Ethiopia organized by the National Codex Committee, and the 4th Food and Nutrition Annual Conference on Food Safety organized by the Food and Nutrition Society of Ethiopia, and

- For the event celebrating the Africa Food and Nutrition Security Day, organized by the African Union.

- For the event celebrating the Africa Food and Nutrition Security Day, organized by the African Union.

SAM Management Training

Moreover, the office:

- Assisted the revision of the Emergency Nutrition Assessment (ENA) and Emergency Nutrition Intervention (ENI) guidelines;
- Supported capacity building among health workers through SAM management and supervision trainings that were designed not only to increase knowledge and skills, but also to enable participants to develop their action plan thus increase the quality of the services at their workplace,
- Contributed to the development of the draft Moderate Acute Malnutrition (MAM) guideline;
- Evaluated the implementation status of the recommendations from the Landscape Analysis. The evaluation results are currently used for the revision of the National Nutrition Program (NNP); and
- In close collaboration with FMoH and UN partners, contributed to the development of the work plan of REACH, a global initiative that provides a framework to accelerate reduction in child under nutrition.

Practical session during SAM training held at health post

4.6 PUBLIC HEALTH AND ENVIRONMENT

WHO's Public Health and Environment (PHE) work focuses on promoting a healthier environment, intensifying primary prevention and influencing public policies in all sectors so as to address the root causes of environmental threats to health. Thus it deals with a broad range of traditional, modern and emerging hazards to health and the environment. It encourages strong health-sector leadership for primary prevention of disease through environmental management, imparts strategic direction and gives guidance to partners in non-lethal sectors for ensuring that their policies and investments also benefit health and sustainable development. Thirty one percent of the total disease burden in Ethiopia is due to environmental risks/threats**.

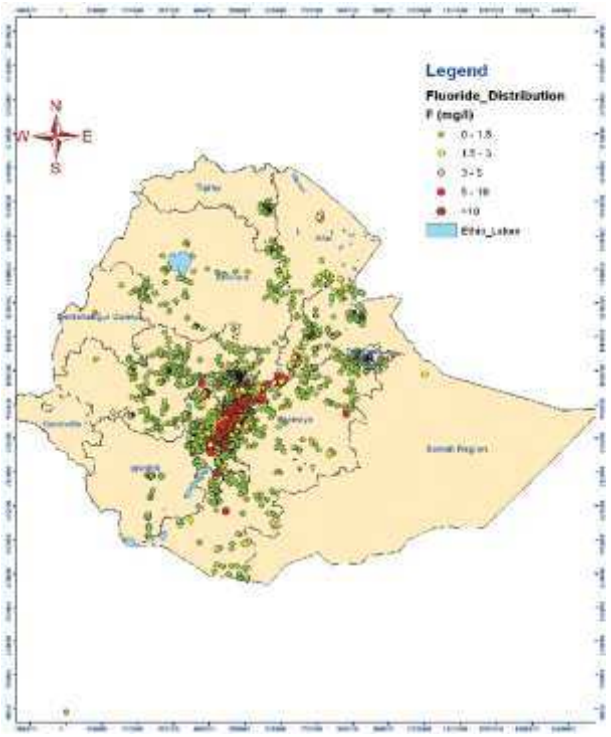
In view of country capacity building, in the reporting year, WHO provided technical and financial support to FMoH and other sector ministries such as Ministry of Water and Energy and Environmental Protection Authority (EPA).

Key Achievements

On the basis of the recommendations of the Health and Environment Situational Analysis and Need Assessment (SANA) in 2010, WCO supported the development of the National Joint Action Plan (NJAP) in order to facilitate implementation of activities focusing on health and environment linkage. Furthermore, with aims of advocating and promoting climate adaptation for public health, the office facilitated an international workshop in Ethiopia, technically supported the development of the National Public Health Climate Adaptation Strategic Action Plan and a concept note for resource mobilization to support its implementation.

Additionally, a National Drinking Water Quality Monitoring and Surveillance Strategic Action Plan was prepared and training on drinking water quality monitoring and surveillance provided to 30 environmental health professionals and 10 water sector staff. Furthermore, WCO financially and technically supported:

- The development of a National Acute Watery Diarrheal Prevention and Control Strategic Action Plan,
- A mapping exercise to identify and prioritize districts and communities classified as affected, at high risk and in risk of fluorosis in the Ethiopian Rift valley and its adjacent highlands,
- A National reconciliation workshop that aimed at facilitating re-conciliation of Global Joint Monitoring Program (JMP) Water and Sanitation and UN-Water and Sanitation Annual Assessment (GLAAS) with national monitoring data of water and sanitation,
- A survey on the prevalence of intestinal parasites conducted in partnership with FMoH, Ministry of Education and WFP, in 146 and 213 primary schools, targeted by WFP food for education program, in Oromia and Amhara Regions, respectively,
- Additionally, based on the Soil Transmitted Helminthes (STH) prevalence, 855 teachers were trained on hygiene and 45,744(93.9%) students provided de-worming treatments through a campaign that was launched in 53 primary schools of the Amhara Region, South Wolo and South Gondar,



Fluoride distribution map of Ethiopia
Source: National Fluoride Mapping 2011, MoWE

- With regard to the Healthy City program, technical and financial support was provided to the Addis Ababa City Administration Health Bureau for the implementation of Urban Health Equity Assessment and Response Tool (Urban HEART) in its Urban Extension Program, and
- A National Health Care Waste Management (HCWM) Strategic Action Plan aimed at improving capacities of health facilities in HCWM was developed.

Participants of GLAAS Workshop from CSA, MoH, MoWE, Water Aid, World Bank, UNICEF, WHO HQ and others, Nov 2011

Challenges

- Delay in finalizing the NTD strategic document, mapping exercises, reports and limited access to timely information,
- Occurrence of different outbreaks, cross-border importation of cases and the Horn of Africa crisis,
- Insufficient funding in all programs,
- Short life span of mobilized emergency response funds affecting the sustainability of recorded success,
- Poor awareness and capability in food safety management,
- Limited number of specialized personnel in some areas like mental health to work in other non-health sectors,
- Inadequate capacity and high turnover of trained personnel across different programs and
- Limited data and evidence on NCDs, injury and mental health.

De-worming campaign targeting students,
Holie School, Wara Babo, Dec 2011

The Way Forward

- Assist in finalizing the NTD master plan document for early dissemination and implementation of the multi-year NTD strategy for Ethiopia,
- Strengthen further consultations and discussions with AAU to help finalize the mapping activity which has paramount importance to the integrated NTD program,
- Continue providing support to FMoH, regional health bureaus and working closely with other sectors,
- Enhancing preparedness activities including planning, prepositioning and capacity building focusing on regional level,
- Ensuring timely and evidence based response to emergency affected areas through gap filling and information sharing,
- Address both developmental and emergency related nutrition programs in a holistic manner through supporting the revision and implementation of NNP,
- Advocate for the establishment of NIS in consolidation with M&E system and the development of nutrition surveillance mechanisms,
- Enhance multi-stakeholder coordination in the area of health emergency, nutrition and environment related activities, and
- Intensifying capacity building support and enhance partnerships, advocacy and resource mobilization.

Awareness creation on de-worming and hygiene, Holie School, Warababo Woreda, South Wollo, Dec. 2011

CHAPTER FIVE

MATERNAL AND CHILD HEALTH

5.1 Child and Adolescent Health

Ethiopia has recorded significant reduction in child mortality over the last decade with under-five mortality rate of 88/1000 live births in 2010. This encouraging achievement should be further consolidated through scaling up of selected cost effective and high impact child survival interventions to achieve MDG 4. Besides, efforts should be exerted to improve access to adolescent-friendly health services to promote healthy and productive youth population.

The key WCO strategic focus included: advocacy and strengthening partnership; development and harmonization of guidelines and integration of services; capacity building at all levels; support for institutionalization of pre-service trainings in order to improve the quality of child care services at all levels of the health system.

Key Achievements

i. Development, updating and printing of child health guidelines and training materials

The national IMNCI training materials were revised by incorporating new technical updates and the Practical Integrated Management of Neonatal and Childhood Ilnesses (IMNCI) Training Guide for Upgrading of Health Extension Workers (HEWs) to Diploma level (Level IV) was developed to support the clinical practice component of HEWs' training.

The first version of the Ethiopian IMNCI Computerized Adaptation and Training Tool (ICATT) has been adapted from the generic WHO tool. ICATT is an innovative IMNCI e-learning tool developed by WHO and it has the potential to facilitate regular country updates of the IMNCI guidelines as well as facilitating both in-service and pre-service trainings. ICATT provides a very good opportunity to scale up IMNCI training coverage especially in the pre-service teaching institutions.

About 1900 copies of Emergency Triage Assessment and Treatment (ETAT) training materials were distributed to the different health training institutions to support pre-service training of students in emergency pediatrics. Similarly 2200 copies of the national "Pediatric Hospital Care: Ethiopia" were distributed to hospitals and training institutions.

ii. Capacity Building

WCO conducted a national ICATT orientation and capacity building training whereby 44 participants attended the general orientation on ICATT and 27 professionals participated in the capacity building workshop. Participants were oriented on ICATT and shared experiences in implementing ICATT globally and regionally. They were also given the opportunity for hands on practice in the application of ICATT. This effort has created a pool of experts to introduce ICATT in the country and scale up IMNCI coverage.

The Organization has also provided technical support for the IMNCI supportive supervision skills training of 12 regional program managers to improve their IMNCI monitoring skills and material support for the pre-service ETAT training of a total of 76 trainees (48 nurses and 28 Pediatric Residents) at the department of Paediatrics and Child Health of Addis Ababa University in an effort to introduce ETAT in pre-service education.

iii. Program Monitoring

A nation-wide survey to determine the coverage of IMNCI service at health centers, district and zonal hospitals was conducted followed by a national IMNCI review meeting jointly organized with the FMoH and UNICEF. As a result, major implementation issues were identified and recommendations for improving coverage and quality of IMNCI services formulated.

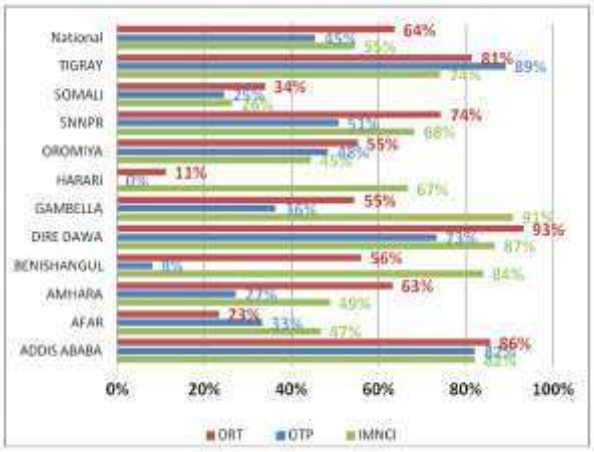


Figure 4: IMNCI coverage by region

Other Supports to FMoH and Partners

WCO provided support to improve child and adolescent health beyond IMNCI through other interventions. These include by:

- Assisting the updating and harmonization of the Family Health Card (FHC) with the newly developed C-MNCH training materials,
- Supporting the finalization and pretesting of the Amharic version of the C-MNCH Module which is expected to improve Behavioural Change Communication (BCC) activities of HEWs and the coordination and planning of regional IRT for HEWs in Amhara, SNNPR and Oromiya regions,
- Providing technical support to FMoH and Ethiopian Pediatric Society for the implementation of the fourth round GAVI/HSS fund (3.9 million ETB) for IMNCI scale up, and
- Technically supporting the first National Integrated Community Case Management (ICCM) review meeting and the development of national ICCM monitoring and evaluation tools.

5.2 The Expanded Programme on Immunization

The Expanded Programme on Immunization (EPI) Unit has four areas of work in accordance with the priorities: 1) supporting polio eradication and maintaining Ethiopia's polio-free status 2) reaching unreached children by strengthening routine immunization activities 3) sustaining the gains of accelerated disease control activities and 4) improving data quality including validation surveys. The EPI unit works with FMoH, primarily Health Promotion and Disease Prevention (HPDP) and Ethiopian Health Nutrition Research Institution (EHNRI) as well as other partners to reach these goals through support of routine immunization campaigns and surveillance activities, by providing leadership on task forces, developing guidelines and implementing surveys.

Key Achievements

i. Polio Eradication

In the reporting year, Polio-free status was maintained in the country - no cases of wild polio virus were detected nor was there any case of vaccine derived polio virus. This achievement has been made through significant support on surveillance, both epidemiologic and laboratory.

Surveillance activities to detect polio virus indicated results that maintained certification level standards at the national level. All 90 zones that were expected to identify a case in 2011 (i.e. zones with population >50,000 under 15), reported no case of polio. In the two main surveillance indicators: non-polio Acute Flaccid Paralysis (NP-AFP) detection rate and stool adequacy had good performance. Furthermore, 78 zones reached the NP-AFP target (target: >2.0 per 100,000 individuals under 15 years of age) and 82 met targets for stool adequacy (target: >80% of stools adequate). Central and field WCO staff provided trainings, sensitizations and supportive supervision activities to improve surveillance thus trying to detect polio, measles and neonatal tetanus, in addition to supporting IDSR trainings. Polio supplemental immunization activities were conducted in 26 high risk zones along the borders during October – December 2011. Two rounds of vaccination services were implemented reaching 3.48 million under-five children, in a synchronized effort with neighbouring countries. 2nd round campaign activities in Somali region are scheduled for February 2012.

ii. Strengthening Immunizations

The Country Office supported the introduction of the new Pneumococcal Conjugate Vaccine (PCV-10) through planning, capacity building, logistics, cold chain preparations, advocacy, communication, and monitoring, as well as leadership in the region for the introduction of their services. In addition, WCO coordinated preparations for required evaluations in the introduction of PCV 10 that included a phase 4 safety study and programmatic evaluations for planning, advocacy and social mobilization, capacity building and monitoring. Ethiopia launched PCV-10 on 16 October 2011 in a ceremony held in Adhore Hospital, Hawassa, Southern Nations Nationalities and Peoples Region (SNNPR). His Excellency the President of SNNPR, Ato Shiferaw Shigute and the Honorable Minister for Health, Dr Tedros Adhanom presided the event that was also attended by the Chief of Staff of the GAVI Secretariat, Daniel Thornton

and representatives from WHO, UNICEF, USAID, Clinton Health Access Initiative (CHAI), GSK, other partners and all RH Offices. PCV introduction is expected to decrease a significant proportion of under five mortality due to pneumonia, thus, helping the country achieve MDG4.

Dr. Pascal Mkanda, WHO Representative at the PCV Launch in Hawassa on October 16, 2011

The Office also technically assisted the development of a proposal to GAVI for the introduction of the rotavirus vaccine and approval was granted.

The Office furthermore promoted vaccination and its uses by joining the week-long celebration of the First African Vaccination Week (AVW) in Ethiopia that was held from 2-7 May 2011. The AVW focused on increasing access to vaccination services with emphasis on ensuring a functional cold chain system at all levels. A national level advocacy was also initiated for financing cold chains (kerosene), as well as activities to initiate ERI Activities in some zones during the Week.

WHO Representative at the kick-off event for the First African Vaccination Week activities in Ethiopia,

Guidelines for Adverse Events Following Immunizations

In Addis Ababa, the FMoH, with partners, including WHO, UNICEF, USAID, Rotary and Lions' Club participated in the launching ceremony held at the FMoH. ERI activities including operational level trainings for health workers and HEWs were supported during the rest of the year in zones with large numbers of un-immunized children in Amhara, Oromia, SNNPR and Tigray as well as pastoralist regions with poor coverage.

Additionally, during the reporting year, Guidelines on Adverse Events Following Immunization (AEFI) Surveillance was prepared, printed and distributed in collaboration with the FMoH, including EH NRI and FMHACA based on which healthcare workers were trained during the PCV introductions.

Ethiopia's experiences and best practices in implementing SIA with other countries

An AEFI committee is now being established in order to institutionalize the AEFI surveillance thus improving the program quality and providing a system of early detection of adverse events. Information will also be used to investigate and respond to AEFIs.

iii. Sustaining the Gains of Accelerated Disease Control

In February 2011, the second (and final) phase of the Measles "Best Practice" campaign was completed in the Tigray, Afar, Beneshungal-Gumuz, and Gambella Regions targeting children 9-47 months old. The campaign reached 98% of children targeted to receive Measles vaccination and 99% of those targeted to receive oral polio vaccine. WHO provided leadership and technical support during the planning and implementation process, including providing independent monitoring during the activity. It also documented the best practice on the measles campaign (Phase I & II) that was printed and circulated.

During the third and fourth quarters of 2011, in response to the drought situation in the Horn of Africa and subsequent influx of thousands of refugees from Somalia, measles supplemental immunization activities were conducted targeting 7.4 million children between 6 months and 14 years of age in 146 woredas of Somali, Oromia, SNNPR, Amhara, Tigray and Afar regions. WHO supported resource mobilization and coordination efforts at national level, as well as planning, supervision and monitoring of implementation in the target districts.

iv. Data Quality and Monitoring

In April 2011, an international evaluation team visited Ethiopia to determine if Maternal Neonatal Tetanus has been eliminated (<1 case per 1,000 live-births in every zone). The team concluded that all regions, except Somali (which had some TT vaccination activities to complete) have likely accomplished this goal and recommended that a validation survey be conducted. WHO conducted the survey in October 2011, with support from the UNICEF and the Afar Regional Health Bureau, which indicated that the country has met the target.

Integrated Measles Best Practice SIA, health post, Tigray, February 2011

5.3 Making Pregnancy Safe and Family Health Program

Ethiopia made significant efforts to improve the status of maternal, newborn and child health over the past years. However, maternal mortality rate (MMR) of the country is still high - 676 per 100,000 live births (DHS, 2011). In light of this, WCO provides regular support to the national effort to accelerate reduction of MMR and newborn mortality in Ethiopia through implementation of the Making Pregnancy Safer (MPS) strategy and the H4 Plus commitment. The strategy focuses on strengthening health systems to improve access for essential and emergency obstetrics care at all levels and advancing affordable and high impact maternal and neonatal interventions. Furthermore, provision of integrated health services is recognized to be absolutely essential, even more for maternal and newborn health care.

Key Achievements

i. Development of guidelines and training materials

The WCO continued its financial and technical support to the FMoH in its efforts to develop and revise guidelines and tools on maternal and new-born health. The year has been especially productive in which a number of such efforts, some of them that lingered over the past years, were successfully completed. These include:

- Revision of the National Reproductive Health Strategy that was completed and submitted to FMoH for final endorsement,
- Development of a National Road Map for Maternal and New born Health that was also submitted to FMoH for final endorsement
- Support for the revision of a PMTCT guideline in line with WHO's recommendations in 2010,
- Development of a PMTCT Implementation Manual and the revision of PMTCT training package in line with the new National PMTCT Guideline,
- Technical and financial support provided to FMoH in the development of the PMTCT acceleration plan which will be officially launched in the country in January 2012;
- Adaptation of WHO family planning decision making tool for HEWs (printed and distributed) and health care providers (awaiting endorsement) and
- Development of Family Planning Service Delivery Guideline (printed and distributed).

ii. Capacity Building

In 2011, capacity building activities for health care providers for improved provision of skilled care during pregnancy, labour, delivery and postpartum period, including in Emergency Obstetric and Newborn Care (EmONC) were technically and financially supported by the Office. These include financial and technical support for the:

- Initiation of a Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services in 13 hospitals; through the training of 26 health care providers, physicians and health officers,

Technical support was also provided for:

- Development of curriculum for a new Medical Education Program whose intake students are graduates with BSC in the field of natural and health sciences.
- Curriculum harmonization for anesthesia education,
- The Integrated Emergency Obstetrics and Surgery (IEOS) training program capacity assessment study and the printing and distribution of to IEOS trainees and the WHO publication on “Surgical care at District Hospital”,
- The National IUCD Scale-up Initiative, including the development of the proposal that helped the FMoH secure financial resources needed for the scale up, and
- The preparation of accelerated plan for reduction of mother to child transmission of HIV.

WHO officer distributing WHO publication: Surgical Care at the District Hospital to Integrated Emergency obstetrics and Surgery trainees, November 2011

iii. Supporting coordination and collaboration

The Country Office has:

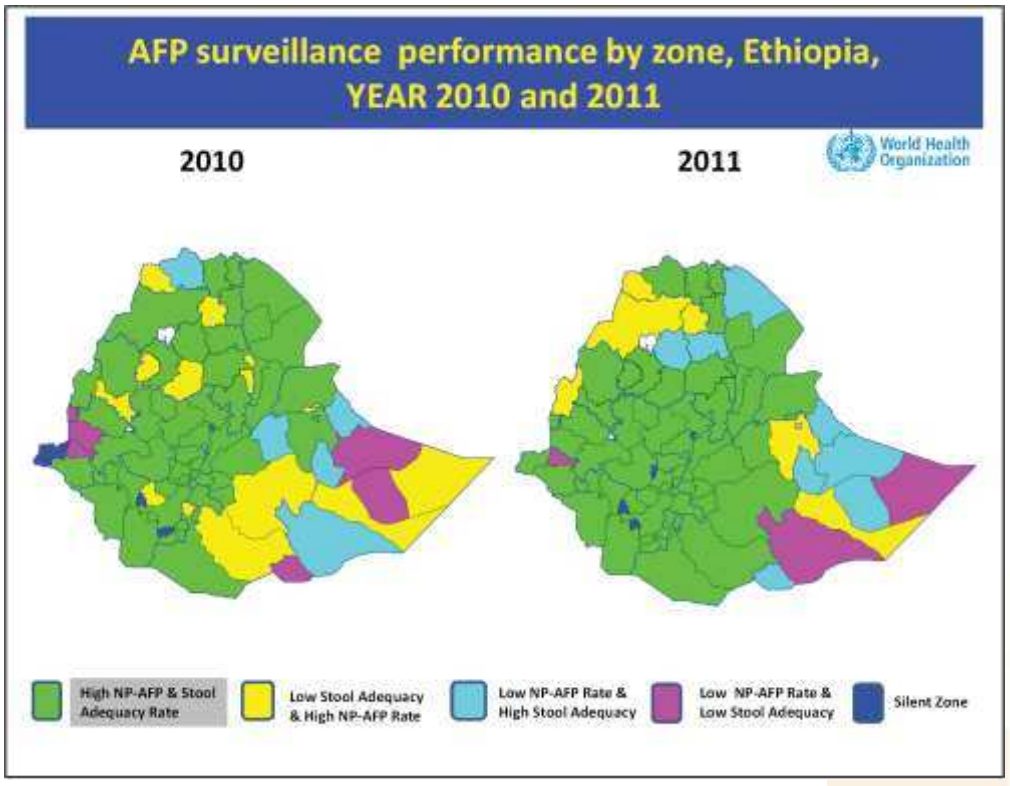
- supported the coordination of the United Nations "H4" joint program on maternal and newborn health, and
- Participated and supported the National technical working groups (safe motherhood/PMTCT and national Family Planning technical working group)

Challenges

In Maternal and Child Health Cluster the main challenge for all programmes has been increasing coverage and performance in the pastoralists areas which seem to be lagging behind and pulling the indicators down. The contributing factors for the weak performance include weak infrastructure, insecurity, high turnover and low education of health workers.

Way forward

- Continue providing technical and financial support for implementation of MCH activities at all levels;
- Continue advocating for national programme officers at the central level;
- Assist the scale up of the implementation of local evidence-based innovations in the Developing Regional States / pastoralists areas; and
- Conduct operational research to improve efficiency of programmes at all levels.



WHO supported Integrated Management of Nutrition and Childhood Illness (IMNCI) coverage survey to assess IMNCI implementation in Ethiopia, the results demonstrated availability of Oral Rehydration Therapy (ORT), Outpatient Therapeutic Program (OTP) and IMNCI services

CHAPTER SIX

ADMINISTRATION

The work of the cluster of Administration covers 5 broad areas – Finance; Human Resources management; Transport services; Information, Communication, and Technology; General Administration. Each of the five areas is equally important and critical to the proper functioning of the country office. The objective is to develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively. The focus of the work is organized according to a results based management framework and processes through the Global Management System (GSM) of the organization.

Key Achievements

- The overall financial implementation rate against the award budgeted was 92%.
- The planned cost for the year 2011 was US$33,101,457 and the total resources mobilized and made available was US$22,728,957. This is a 69% success rate
- The successful roll out of the Global Management system (GSM) in the country office through various capacity enhancement activities and data conversion.
- The introduction of Admin Focal Points (AFP) within the framework of the re-profiling exercises to strengthen administrative support in the technical clusters and to reflect changes in job functions and responsibilities as a result of the rollout of GSM.
- Staff development activities have been undertaken in the areas of leadership, project management, communication skills, and ICT skills. Besides GMS and electronic performance management and development system training has been organized to train all WHO staff members.
- The office has also upgraded its ICT network and computing infrastructure.

Challenges

- The completion of the Funding Authorization and Certification of Expenditure (FACE) form by the implementing partners following the disbursement of funds and the implementation of activities in the agreement for Direct Financial Cooperation (DFC).
- The return of un-utilized funds and unspent balances from DFC disbursement. The national banking laws make it difficult to enforce and implement this DFC General condition.
- The scarcity of quality fuel, car rental services, and vehicle maintenance services in the regions; in particular, Somali and Gambella.

Way Forward

- Capacity building activities and field missions will be carried out so as to ensure that FACE reports are completed satisfactorily and submitted through the appropriate channels.
- Conduct salary surveys through the UN Operations Management system so as to ensure the competitiveness and maintain the attractiveness of UN local salaries.
- Explore greater collaboration possibilities with authorized automobile dealers, fuel service stations, and car rental services.

Donor/Funding Source	Activities					Salary	Total US$
	ATM	DPC	HSS	MCH	WCO		
African Programme for Onchoceriasis (APOC)	-	-	-	-	-	15,750	15,750
Americans for UNFPA	-	-	-	495,049	-	-	495,049
Australia Agency for International Development (AusAID)	-	45,000	-	495,049	-	-	45,000
Bill & Melinda Gates Foundation	-	145,000	-	2,006,566	-	-	2,151,566
Bristol Myers Squibb	27,400	-	-	-	-	22,500	49,900
Canada International Development Agency (CIDA)	-	-	-	1,488,350	-	-	1,488,350
Carter Center	-	327,000	-	-	-	43,000	370,000
Finland Ministry of Foreign Affairs	-	200,000	-	-	-	100,000	300,000
Foundation d'Harcourt	-	50,000	-	-	-	-	50,000
GAVI Alliance	-	-	-	40,000	-	-	40,000
GlaxoSmithKline	-	1,550	-	-	-	-	1,550
Government of Ethiopia	268,136	-	-	-	-	-	268,136
KNCV Tuberculosis Foundation	131,991	-	-	-	-	45,000	176,991
Novartis	-	144,908	-	-	-	-	144,908
Russian Federation	-	-	-	220,000	-	-	220,000
Sanofi Espoir	-	-	-	-	-	-	-
Spain Ministry of Health	-	202,599	-	-	-	18,000	220,599
UNDP Multi Donor Trust Fund (MDTF)	-	-	-	100,000	-	-	100,000
UN Development Programme (UNDP)	-	-	-	-	-	85,000	85,000
UN Environment Programme (UNEP)	152,000	1,000	-	-	-	54,000	207,000
UN Fund for International Partnerships (UNFIP)	-	-	-	113,000	-	-	113,000

Donor/Funding Source	Activities						
	ATM	DPC	HSS	MCH	WCO	Salary	Total US$
UN Central Emergency Response Fund (CERF)	-	3,353,981	-	-	-	107,000	3,460,981
UN Office for the Coordination of Humanitarian Affairs (UNOCHA)	-	933,260	-	-	-	-	933,260
UK Department for International Development (DFID)	-	-	-	-	50,000	1,216,450	1,266,450
US Center for Disease Control and Prevention (CDC)	879,195	15,000	58,487	362,000	-	1,185,362	2,500,044
US Agency for International Development (USAID)	-	-	-	1,558,224	-	337,720	1,895,944
WHO Assessed Contributions	69,000	507,265	777,318	507,019	270,200	2,814,198	4,945,000
WHO Core Voluntary Contributions	54,000	-	20,750	160,000	-	108,000	342,750
WHO Roll Back Malaria (RBM)	540	-	-	-	-	-	540
TOTAL US$	**1,582,262**	**5,926,563**	**856,555**	**7,545,257**	**320,200**	**6,151,980**	**21,887,768**

Donor/Funding Source	Activities					Salary	Total US$
	ATM	DPC	HSS	MCH	WCO		
African Programme for Onchoceriasis (APOC)	-	-	-	-	-	15,750	15,750
Americans for UNFPA	-	-	-	495,049	-	-	495,049
Australia Agency for International Development (AusAID)	-	45,000	-	495,049	-	-	45,000
Bill & Melinda Gates Foundation	-	145,000	-	2,006,566	-	-	2,151,566
Bristol Myers Squibb	27,400	-	-	-	-	22,500	49,900
Canada International Development Agency (CIDA)	-	-	-	1,488,350	-	-	1,488,350
Carter Center	-	327,000	-	-	-	43,000	370,000
Finland Ministry of Foreign Affairs	-	200,000	-	-	-	100,000	300,000
Foundation d'Harcourt	-	50,000	-	-	-	-	50,000
GAVI Alliance	-	-	-	40,000	-	-	40,000
GlaxoSmithKline	-	1,550	-	-	-	-	1,550
Government of Ethiopia	268,136	-	-	-	-	-	268,136
KNCV Tuberculosis Foundation	131,991	-	-	-	-	45,000	176,991
Novartis	-	144,908	-	-	-	-	144,908
Russian Federation	-	-	-	220,000	-	-	220,000
Sanofi Espoir	-	-	-	-	-	-	-
Spain Ministry of Health	-	202,599	-	-	-	18,000	220,599
UNDP Multi Donor Trust Fund (MDTF)	-	-	-	100,000	-	-	100,000
UN Development Programme (UNDP)	-	-	-	-	-	85,000	85,000
UN Environment Programme (UNEP)	152,000	1,000	-	-	-	54,000	207,000
UN Fund for International Partnerships (UNFIP)	-	-	-	113,000	-	-	113,000

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