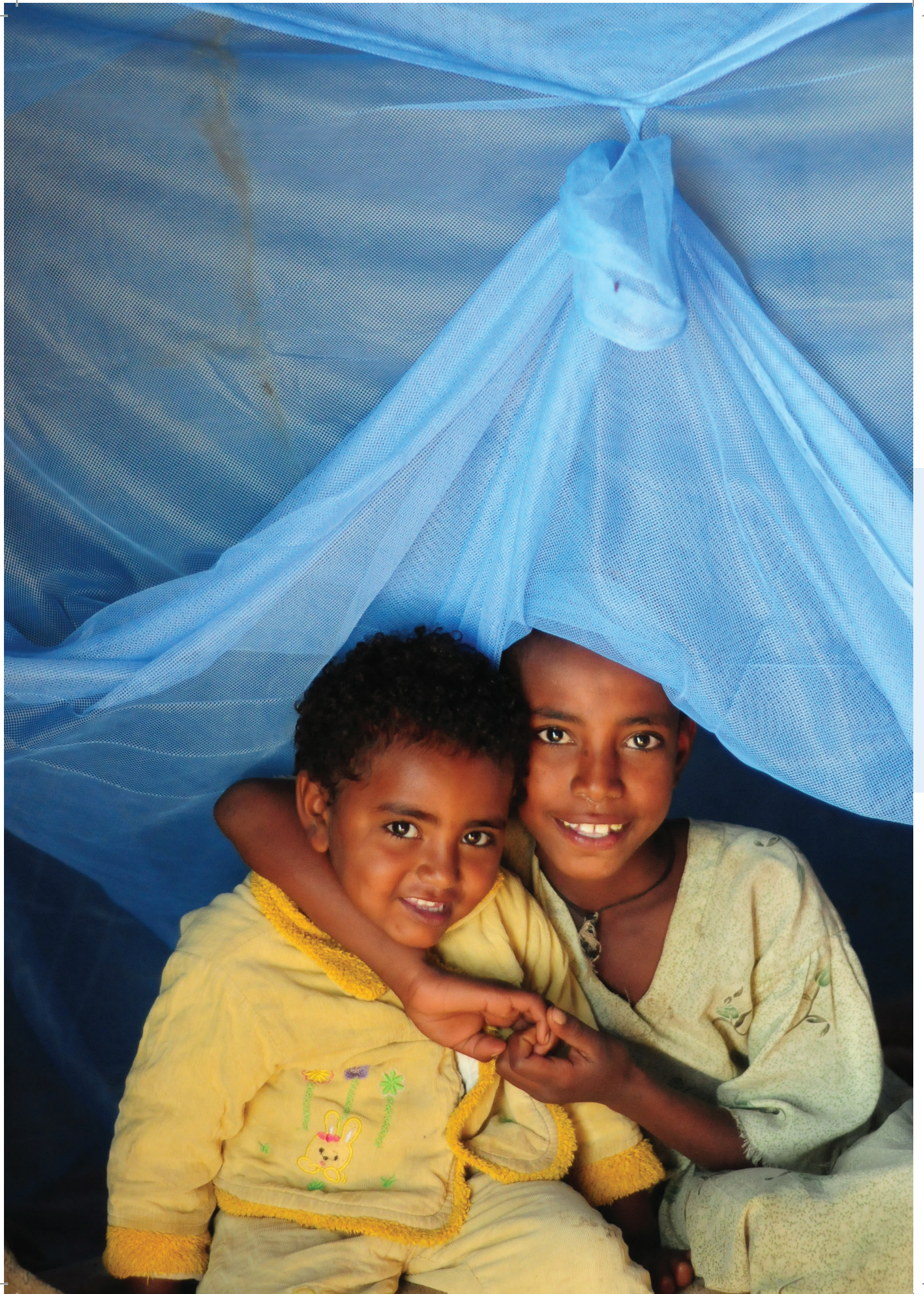




2022 ANNUAL REPORT



World Health
Organization
Ethiopia



2022 ANNUAL REPORT



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ACRONYMS

CCS	Country Cooperation Strategy	NDVP	National Deployment and Vaccination Plan
CL	Cutaneous Leishmaniasis	NMEP	National Malaria Elimination Program
CSOs	Civil Society Organizations	NTDs	Neglected Tropical Diseases
EHIS	Ethiopian Health Insurance Services	PC	Preventive Chemotherapy
EPHI	Ethiopian Public Health Institute	PHC	Primary Healthcare
FGM	Female Genital Mutilation	PRSEAH:	Preventing and Responding to Sexual Exploitation, Abuse and Harassment
GBV	Gender Based Violence	PS	Patient Safety
GWD	Guinea-Worm Disease	RH	Reproductive Health
HAT	Human African Trypanosomiasis	RHBs	Regional Health Bureaus
HIV	Human Immunodeficiency Virus	RMNCH	Reproductive, Maternal, Newborn and Child Health
HLMA	Health Labor Market Assessments	SAM	Severe Acute Malnutrition
HMIS	Health Management and Information System	SSA	Special Service Agreement
HQ	Headquarter	STH- Soil	Transmitted Helminths
HTA	Health Technology Assessment	SV	Sexual Violence
IDP	Internally Displaced People	TB	Tuberculosis
LF	Lymphatic Filariasis	TWG	Technical Working Groups
MDA	Mass Drug Administration	UHC	Universal Health Coverage
MHNT	Mobile Health and Nutrition Teams	VL	Visceral Leishmaniasis
MoH	Ministry of Health	WHO	World Health Organization
NFNS	National Food and Nutrition Strategy	WISN	Workload Indicator of Staffing Need
NHA	National Health Accounts	Woredas:	Districts
NCD	Non -Communicable Diseases		



FOREWORD

2022 has been a year of celebrating achievements, learning from our journey, and identifying what needs to be improved. I am happy to present the year's annual report summarizing our key accomplishments and contributions towards implementing Ethiopia's national health agenda. Despite facing three grade-three emergencies - conflict, climate change, and COVID-19 - along with multiple disease outbreaks, significant achievements were made in this challenging milieu.

Reflecting on it, I see a steady road to progress. In the past five years, Ethiopia has made significant advances in health. Maternal and child health services have improved, with more children living beyond infancy, more women delivering in health facilities, and more births being attended by skilled providers. Access to and provision of preventive, diagnostic, and treatment services for communicable diseases have improved. Initiatives to reduce illness and death due to noncommunicable diseases and injuries are gradually being scaled up.

The country has transformed from a low health profile to an exemplary nation in sub-Saharan Africa, with better health services and outcomes, thanks to its innovative primary healthcare programmes over the last three decades.¹

A critical breakthrough came with the signing of the Cessation of Hostilities agreement between the federal government and the Tigray People's Liberation Front, on the 2nd of November 2022 in Pretoria, South Africa, thus allowing for increased humanitarian aid to conflict affected areas.

However, the country regularly faces natural and climatic onslaughts. According to Ethiopia Humanitarian Response Plan 2022, the country has been experiencing one of the most severe La Niña- induced droughts in the last decade, with five consecutive failed rainy seasons since late 2020. The prolonged drought has severely compromised fragile livelihoods, and people who leave their homes searching for food can no longer access health services. To address the health aspect, WHO supported immunizing 366,351 (93% of the target) children aged six months to 10 years during the reactive measles vaccination campaign in the Somali and Southern Nations, Nationalities, and Peoples' Region (SNNPR).

The year also saw efforts directed towards tackling epidemics, such as malaria, giving access to primary healthcare services in vulnerable areas, such as conflict-

ridden Northern Ethiopia, swift emergency responses, and preparing and implementing key strategies like the Food and Nutrition Strategy to tackle existing challenges, mainstreaming gender equality, and concerted efforts to tackling Non-Communicable Diseases (NCDs) and Neglected Tropical Diseases (NTDs), etc. Looking at the NTDs, WHO led the response to various crises during conflict and malaria epidemics and supported the National Malaria Elimination Program (NMEP) in preparing the malaria epidemic response action plan. WHO helped review and assess the malaria situation in conflict-affected regions to inform resource mobilization and implementation of response activities.

These achievements were possible due to our joint efforts and the able leadership of the Government of Ethiopia, health partners, and the United Nations system towards achieving the health priorities of the Sustainable Development Goals (SDGs).

Health has remained a key priority on the national political agenda. As a result, the government has created a robust environment and engagement with partners and civil society organizations (CSOs) to facilitate the delivery of health services in the country.

However, none of the above would have been possible without close collaboration with the Government of Ethiopia, development partners, NGOs and CSOs, and WHO staff and volunteers. I also take this opportunity to give our profound gratitude to the former WR, Dr Boureima Hama Samba whose leadership has empowered the teams and the Organization. I am grateful to the Office of the Regional Director for Africa, AFRO, and HQ for their support during the year. This tireless support enabled the country to ably support the government as it achieved the desired results in 2022.

I look forward to your continued support, collaboration, and engagement to manage pressing health challenges impeding the country's development.

Ethiopia has made strong commitments to advance health equity. Together, we will ensure healthy lives and promote well-being for all people in Ethiopia.

Best wishes,

Dr Nonhlanhla Rose Dlamini
WHO Representative a.i.



¹Country Cooperation Strategy 2021-2025 — Ethiopia. Brazzaville: WHO Regional Office for Africa; 2021. Licence: CC BY-NC-SA 3.0 IGO.



EXECUTIVE SUMMARY



Ethiopia is Africa's second most populous country; with a population of 102 million and a growth rate of 2.6% in 2020, it is also the world's 12th most populous one. The country is home to various ethnicities, with more than 80 different spoken languages.ⁱⁱ

The country borders six countries. Most of the population in Ethiopia lives in central and northern plateaus. The southeastern and eastern parts of the country are sparsely populated and inhabited by pastoralist communities. Ethiopia is also home to many (estimated at 1 million) refugees from South Sudan, Somalia, Somaliland, and Eritrea. Though fewer in numbers, Ethiopia also hosts Syrian and Sudanese refugees.

Ethiopia has witnessed definitive economic and social development progress in recent years, thanks to a series of transformative economic reforms owing to government commitment. This has resulted in reducing poverty significantly, and in overall human development. Ethiopia's poverty headcount, or the share of the population living on income below the national poverty line, fell from 44% in 2000 to 24% in 2017. Ethiopia envisions becoming a middle-income country and a leading manufacturing hub in Africa by 2025.

Health outcomes have seen a massive jump. Life expectancy is now more than 66 years, up from 47 years in 1990. Maternal and child health services have improved, with more children living beyond infancy, a larger number of women delivering in health facilities, and more births being attended by professional service providers than ever before. Access to and provision of preventive, diagnostic and treatment services for communicable diseases have improved. Various initiatives to reduce illness and death due to noncommunicable diseases and injuries are gradually being scaled up.ⁱⁱⁱ

Despite the substantial progress, achievements in health have not been uniform, and challenges remain. Inequities persist between regions and population groups. Meanwhile, Ethiopia has witnessed increased instability and insecurity in other regions, including Oromia, Benishangul-Gumuz, Gambela, the Southern Nations, Nationalities, and Peoples' Region (SNNPR) and Somali. Recurring episodes of violence have resulted in significant loss of life and property and high internal displacement^{iv}.

Ethiopia faced unprecedented public health emergencies in 2022, but WHO and its many partners worked with the government and donors to respond to these emergencies – including conflicts, disease outbreaks, and drought. This report looks at some key health emergency preparedness and response milestones in 2022.

Ethiopia is at a critical juncture, undergoing structural political, economic, and demographic transitions. These transitions pose major challenges but also permit a leap forward in inclusion, shared prosperity, sustainability, peace, and security, impacting the development trajectory of Ethiopia and its chances of achieving the SDGs and Agenda 2063: The Africa We Want.

Ethiopia–WHO Country Cooperation Strategy (CCS) 2021–2025 sets out how the World Health Organization (WHO) will work with Ethiopia over the next five years towards realizing the health-related Sustainable Development Goals in the Ethiopian context, as embodied in the Ten-Year Development Plan of Ethiopia and the Health Sector Transformation Plan 2020/21–2024/25.

The CCS defines the strategic agenda for addressing country-specific bottlenecks to health and development while leveraging resources and partnerships for health in the country. The Ministry of Health and WHO are both invested in the development and implementation of this CCS and are accountable for its results.^v

ⁱⁱNational Health Equity Strategic Plan 2020/21-2024/25-Addis Ababa, December 2020

ⁱⁱⁱCountry Cooperation Strategy 2021-2025 — Ethiopia. Brazzaville: WHO Regional Office for Africa; 2021. Licence: CC BY-NC-SA 3.0 IGO.

^{iv}United Nations Ethiopia Annual Results Report 2020-22

^vIbid



4. COUNTRY PRIORITIES

PILLAR 1

UNIVERSAL HEALTH COVERAGE

Community-based health insurance drives Ethiopia's bid for universal health coverage

In late 2019, 68-year-old Meseret Belay, who lives in the Meshwalekiya neighbourhood of Ethiopia's sprawling capital, Addis Ababa, suffered a severe stroke that left her unable to speak and paralyzed on the left side of her body.

Suddenly incapable of caring for herself or managing the small local diner she had run from her home, Meseret now had to depend on her daughter, Misrak Fisseha, a single mother to a nine-year-old daughter, for support. Misrak accompanied her mother on the countless hospital visits that followed the stroke, during which Meseret underwent various tests and was prescribed medication to lower her blood pressure and cholesterol.

This unforeseen health catastrophe also incurred significant out-of-pocket expenses. "I must have spent around 13,000 Ethiopian Birr (US\$250) in the beginning for tests, transport, physiotherapy and medication," Misrak says. "I love my mother dearly and would do anything in my power to nurse her back to health, but I began to worry that the costs would eventually surpass my means."

After six months of spending around 10% of her monthly income of just 10,000 Ethiopian Birr (US\$ 200) on check-ups and treatment, Misrak was encouraged by a friend to enrol her family in the Ethiopian government's community-based health insurance (CBHI) scheme. As a result, since November 2019, Misrak's mother's ongoing medical requirements have been entirely covered by the scheme, including all consultations, tests and any prescribed medication. The same has been applied to Misrak's daughter and her health needs. "This has helped

our family to stay afloat," Misrak says. "I can now care for my mother and raise my daughter without worrying about how to pay for medical expenses."

The CBHI scheme seeks to end debilitating and potentially devastating out-of-pocket health expenses for the approximately 85% of Ethiopians who work in the informal sector. Run by the local district-level government with the guidance and financial support of the Ministry of Health and the Ethiopian Health Insurance Services, the CBHI scheme was first piloted in 13 *woredas* (districts) in 2010 and has since expanded to cover almost all 832 *woredas* in the country. Members pay a small yearly premium of 500 Ethiopian Birr (US\$10), while there is a reduced fee of 240 Ethiopian Birr (around US\$5) for dependents above 18 years.

Between 2015 and 2020, almost 7 million households, equating to 32 million people, enrolled in the scheme. About 5.5 million of these households were members paying the yearly premium, while the government sponsored the remaining 1.5 million households. Over the same period, the number of new consultations in all health facilities by CBHI beneficiaries increased by over 200%.

As of 2020, 1,920 health centres and 245 hospitals nationwide contractually provide health services to CBHI beneficiaries.

"Ethiopia is making promising progress towards universal health coverage. One of the ways we are doing this is by protecting our people from the financial consequences of paying for health services out of their own pockets through the community-based health insurance scheme, ensuring they access the services



they need without being pushed into poverty,” says Dr Muluken Argaw, the Deputy Director General of the Ethiopian Health Insurance Services.

World Health Organization (WHO) has supported the Ministry of Health and Ethiopian Health Insurance Services through capacity building to ensure the successful implementation and continuity of CBHI. In March 2022, WHO, the World Bank and the Social Health Protection Network jointly facilitated a one-week training for the Ethiopian Health Insurance Agency and Ministry of Health staff on the key health financing concepts for universal health coverage.

“WHO is working with the Ministry of Health to ensure everyone in Ethiopia can access high-quality health services without incurring catastrophic expenses. In addition, we work to create a conducive environment that encourages health service-seeking behaviour,” says Dr Ermias Dessie, WHO Ethiopia’s Health Financing and Economic Analyst.

Today, Misrak can ensure that her mother Meseret gets the medication she needs and keeps her quarterly follow-up appointments at the Zewditu Memorial Hospital in the centre of Addis Ababa without worrying about money. For her part, Misrak recently got dental care and prescription glasses that the CBHI fully covered. “Thanks to the CBHI, I not only care for my mother but also follow up on my health,” Misrak says. “I also need to stay healthy for myself and my family.”



Source: <https://www.afro.who.int/countries/ethiopia/news/community-based-health-insurance-drives-ethiopias-bid-universal-health-coverage>

> Output: Countries enabled to provide high-quality, people-centred health services based on primary healthcare strategies and comprehensive essential service packages

The Ministry of Health (MoH) and the regional health bureaus have implemented activities to strengthen primary healthcare in Ethiopia. The MoH is developing a national primary healthcare strategic framework, expected to be finalized by the last quarter of 2023, followed by developing its costed implementation and investment plan.

The same authorities are also developing the capacities of programme managers and healthcare professionals to provide essential health services by strengthening primary healthcare units through training, clinical mentorship, supportive supervision, and provision of medical equipment and supplies.

A Patient Safety training package was developed under the Patient Safety (PS) programme. The annual quality and safety summit convened in June 2022, and the Patient Safety Day in September 2022.

The World Health Organization (WHO) continues implementing initiatives to ensure the continuity of essential health services during the COVID-19 pandemic. Through this project, WHO, together with the Ministry of Health, regional health bureaus and local universities, developed the competency of health professionals to provide gender-responsive essential health services. In addition, medical equipment worth US\$1.37 million was donated to primary healthcare units across six regional states to strengthen their capacity to provide essential health services, conducted in collaboration with six local universities with medical and health sciences colleges. The initiative garnered a strong partnership among regional health bureaus, local universities, and the WHO Country Office, building a strong working relationship.

> Output: Countries’ health governance capacity strengthened for improved transparency, accountability, responsiveness, and empowerment of communities

The Organization built the capacities of health programme managers on par with the regional health bureaus, zonal health departments, woreda health offices and health

facilities, and trained them on gender-responsive health programming and management. The heads of primary healthcare units were also trained on the role of primary healthcare units in health systems resilience.

> Output: Countries enabled to strengthen their health workforce

The Workload Indicators of Staffing Need (WISN) and Health Labour Market Analysis (HLMA) study findings were used as evidence to revise the national staffing norm. WHO supported the national study on WISN and national and regional-level HLMA, with close support from AFRO. The studies covered all regions except Tigray and Gambella.

The findings of the HLMAs produced clear policy options on strengthening human resources for health development and management, especially harnessing resources to expand investments in decent health workforce employment and job creation towards progressively achieving Universal Health Coverage (UHC) and realigning health workforce production capacity with the country's needs and economic demand. Multi-sectoral stakeholders validated the findings before being presented to MoH management, which was well-received.

The WISN study focused on seven health professional categories across all levels, including the private health sector. The prioritized professional categories included general practitioners, nurses, midwives, health officers, anaesthetists, pharmacists, and laboratory professionals. One of the study's major findings revealed that the existing minimum staffing norms were outdated and unsuitable for current needs, and proposed a revised national minimum staffing norm, with budget implications.

> Output: Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage

WHO supported the MoH in adapting and producing the WHO "health financing progress matrix" report that summarizes the Health Financing Progress Matrix assessment in Ethiopia, identifying strengths and weaknesses in the health financing system and addressing priority areas of health to drive progress towards UHC. This report outlines the agenda for priority analytical work and related technical



support by focusing on the current situation and directions for future reforms. The Ethiopia health financing progress matrix was produced and published on the WHO website with a series of policy discussions of the governments and different stockholders.

> Output: Countries enabled to produce and analyze information on financial risk protection, equity and health expenditures and to use this information to track progress and inform decision-making

Ethiopia successfully disseminated the country's 8th National Health Accounts (NHA) study to the relevant stakeholders and ministries (around 120 participants). WHO provided technical and financial support to the MoH in organizing the dissemination and different validation workshops, producing the NHA study reports and policy briefs, including the main report, statistical reports with methodology details and institutionalized process reports. Additionally, WHO supported the household health services utilization and expenditure brief and the NCD, PHC, TB, Malaria, COVID-19, and Reproductive Health (RH) policy briefs based on the NHA.



The Organization also supported the MoH in conducting the health financing policy dialogue based on the NHA findings. Titled “*Policy Dialogue on Sustainable & Equitable Financing for UHC*,” the dialogue was devoted to two sub-themes: “Domestic Resource Mobilization for Health: Public Financing” and “Improving Health Service Utilization and Financing for UHC-Health Insurance”. WHO supported delivering all the documentation for the WHO-HQ/AFRO to make the NHA report and data freely available on the global health expenditure database.

> Output: Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation, and analysis of the impact of health in the national economy

WHO assisted the Ethiopian Health Insurance Services (EHIS) in revising the health insurance benefit package and supported the key activities, such as cost-efficiency analysis, costing and revising the medicine list. Facilitated a mission from WHO HQ to provide advice on Health Technology Assessment (HTA) and benefits package design and helped the MoH and the EHIS organize two workshops on these topics in conjunction with the mission (April 2022). WHO helped build capacities on HTA capacity building, supported discussions with different stockholders, and drafted the inception proposal of the HTA roadmap development process to strengthen the institutionalization process.

WHO helped set up the resilience and equity fund in Ethiopia. Furthermore, WHO supported MoH initiatives and various workshops, costing, and capacity-building activities, including the EU-project “Health Economics and Financial Analysis (HEFA) for Improved Evidence-Based Policy Decision Making in Ethiopia,” which is working on progress on different work packages, including Efficiency in Pharmaceuticals Procurement, Distribution, and Allocation (Work Package 1), Economic evaluations of adolescent health interventions (Work Package 2), Equity in Health Financing (Work Package 3), which includes benefit incidence and financial incidence analysis. WHO has participated in and shared Ethiopia’s experience in different national and international health financing workshops.

> Output: Research and development agenda defined, and research coordinated in line with public health priorities

The Ethiopian Public Health Institute (EPHI) continued to support health policymakers, programme managers and researchers to develop their skills in rapid response evidence synthesis. The research prioritization exercise was done and will be finalized in March 2023. A key lesson learned was the importance of strengthening collaboration, and working under public health and related man-made emergency requires designing innovative mechanisms with the beneficiary.

4.1.1 Communicable and Noncommunicable Diseases (UCN)

> Output: Countries enabled to strengthen their health systems to deliver condition- and disease-specific service coverage results

Noncommunicable Diseases (NCDs): Developed the integrated PHC pathways for basic services with a focus on hypertension, diabetes, and cervical cancer as entry points for health system strengthening.

Neglected Tropical Diseases (NTDs): The MoH identified and prioritized 11 NTDs in the 3rd national NTD Strategic Plan (2021-2025), launched in January 2022. These included guinea-worm disease (GWD), onchocerciasis, trachoma, soil-transmitted helminths (STH), schistosomiasis, lymphatic filariasis (LF), leishmaniasis, scabies, rabies, leprosy, and dengue/chikungunya. The programme aims to reduce the burden of NTDs through innovative, high-quality, and cost-effective approaches and strategies for achieving the targets by 2025. Mapping has been completed for all Preventive Chemotherapy (PC)-NTDs and most case management NTDs. As a result, the country progressed well in the scale-up and scale-down of the Mass Drug Administration (MDA) for the PC-NTDs and reducing NTDs case management burden.

- **Coordination:** The third National Research Symposium was conducted in Bahir Dar University along with the national NTD annual review meeting in September 2022. A high-level advocacy meeting led by the Hon. Minister of Health was conducted in the Gambella region to provide a safe water supply in the GWD-endemic localities and investment farms in May 2022. The 2nd World NTD Day was commemorated at Jimma University.
- **Preventive Chemotherapy NTDs:** Scaling up and scaling down interventions for PC-NTDs is among WHO's key support activities to the MoH in 2022.
- **Guinea Worm Disease:** Currently, the disease remains endemic only to two woredas in the Gambella region. WHO sustained GWD surveillance in seven refugee camps in the Gambella and Benishangul Gumuz regions through active case searches conducted by trained

community health workers, who investigated 2,594 rumours of suspected cases within 24 hours, of which none were positive. Around 548 health workers and community outreach agents received GWD training and a cash reward that enabled them to promptly investigate and report on related rumours. As a result, only one human case and three animal infections were reported in 2022. Compared to 2020, human cases were reduced by 91% and animal infections by 80%. Since the commencement of the eradication effort in 1994, the number of cases has reduced by more than 99.9%.

- **Leishmaniasis:** To address the under-detection and reporting of Cutaneous Leishmaniasis (CL) and other skin NTD cases, WHO trained 53 health professionals from three CL endemic regions to help detect, manage, and report CL and other skin diseases. Additionally, 71 health professionals from Oromia, Somali and SNNP (Southern Nations, Nationalities, and Peoples) regions received case management training on Visceral Leishmaniasis (VL) to treat 736 cases.



- **Human African Trypanosomiasis (HAT):** After a disease-free period of over 30 years, the country witnessed a re-emergence of HAT in the SNNP region. The outbreak was investigated and contained through epidemiological assessment of the confirmed patients, clinical screening in the exposed population, risk factor assessment, parasitological testing of clinical suspects, and referral of detected cases to treatment centres. This was followed by the preparation and dissemination of an outbreak investigation report to inform subsequent decision-making.
- **Tuberculosis (TB):** WHO Ethiopia revitalized the national TB-HIV Technical Working Groups (TWG) and the TB laboratory TWG. As Vice Chair and Secretary of the national TB-HIV TWG, WHO supported the engagement of partners, CSOs, private sector, and academicians in the national partnership meeting, facilitated meetings, developed proceedings, and shared information with all relevant stakeholders for follow-up and action.
 - ▶ *Policy tools, formulation, and operational guidelines:* Helped adopt and adapt the new WHO guidance on managing TB in children and adolescents. The revised training manual incorporated a shorter regimen for less severe forms of drug-sensitive TB. In 2022, WHO supported the printing and distributing 180 handbooks on TB contact investigation and preventive treatment, as well as 150 copies of the TB and Leprosy TB annual bulletin with five years of information. WHO also supported preparing the national TB laboratory strategic plan and developed the national MAF-TB (multi-sectoral accountability framework) operational guidance, in which many health partners, RHBs, and other relevant line ministries participated.
 - ▶ *Capacity building:* WHO provided capacity building to TB programme officers and Health Information Technology-TB focal persons to improve the data quality recording and reporting. WHO also introduced the TB Knowledge Sharing Platform mobile app to programme officers, lab personnel, focal persons for drug-resistant (DR) TB and other related partners to ensure easy access to WHO consolidated guidelines, operational handbooks, and training materials.
 - ▶ WHO supported the 3-month Isoniazid and Rifapentine pilot project implementation by sensitizing the national TB-HIV team on the new WHO regimens and the benefit of using them and supported the development of guidance on 3HP implementation by establishing a national task force to guide national piloting and developing



training materials. WHO supported the final project evaluation and scale-up of implementations to other regions and procured 3HP medicine to bridge gaps in national scale-up, in collaboration with WHO HQ.

- ▶ WHO helped develop the annual TB Plan of Action (2022) and plan alignment with regions and compiled the country's TB epidemiological profile in the WHO global database. It also helped develop a roadmap for transitioning from the current aggregate to a case-based electronic system.
- **Malaria:** remains a major public health problem in Ethiopia.
 - ▶ *Evidence generation for informed decision-making:* WHO supported the EPHI in monitoring the therapeutic efficacy of antimalarial drugs, including artemether-lumefantrine against *Plasmodium falciparum* and chloroquine against *Plasmodium vivax*, by providing test drugs and ensuring efficacy testing adhered to WHO protocol. The study found both drugs to be effective against the malaria parasites. WHO also supported testing the efficacy of insecticides used for indoor residual spraying in Ethiopia. In addition, WHO supported the national malaria programme in compiling and submitting the World Malaria Report of 2022, a global reference document on malaria.
 - ▶ *Review and updating of normative guidelines:* WHO participated in reviewing and updating the national malaria guidelines published in 2022.
 - ▶ *Capacity building:* Helped revise and update the national training manuals, based on WHO training manuals on malaria for health workers.
 - ▶ *Responding to crises:* Responded to various crises during conflict and malaria epidemics and supported the National Malaria Elimination Program (NMEP) in preparing the malaria epidemic response action plan. WHO helped review and assess the malaria situation in conflict-affected regions to inform resource mobilization and implementing of response activities. WHO is a member of various task forces as well as the Technical Advisory Committee established to enhance malaria prevention, control, and elimination.



- ▶ *Key challenges* remain, including the lack of funding for the WCO Malaria Programme and COVID-19. The conflict has further weakened the health system, which led to the emergence of a potent malaria vector (*An. Stephensi*) in the eastern part of the country, expansion of malaria into previously malaria-free areas, and increasing vector resistance to conventional insecticides used in indoor residual spraying.
- **HIV/Hepatitis:** WHO provided technical assistance in implementing, monitoring, and reporting the country's performance on the 95-95-95 global HIV targets. The monitoring revealed that 84% of estimated people living with HIV knew their status, 90% received ART, % viral load testing coverage was 76%, and 95.6% virally suppressed. WHO supported the MoH to revise and prepare the 2023-2025 national HIV prevention roadmap, aligned with the 2021-2025 national HIV prevention strategic plan. Additional technical assistance supported the MoH's actions to decentralize diagnosis, treatment, and care services for hepatitis B & C in 90 health facilities across all regions. Through the national TWG, WHO provided capacity building for health workers as well as procurement and distribution to facilities of medicines and commodities for viral hepatitis B & C.

Ethiopia commemorates World Neglected Tropical Diseases (NTD) Day, calling for equity, political will, and partnership

World NTD Day 2022 - the third since the World Health Organization (WHO) set January 30th as the day to acknowledge and combat Neglected Tropical Diseases, or NTD - was commemorated with the global theme of “Achieving health equity to end the neglect of poverty-related diseases.”

Speaking in honor of the event, His Excellency Dr Dereje Duguma, Ethiopia’s State Minister of Health, recognized World NTD DAY as “an important global event as it is key in calling for political will -globally and nationally - to eliminate NTDs.” He further asserted that the Government, development partners, affected communities and the public need to join hands to rid the Ethiopian people of the various debilitating neglected tropical diseases still circulating.

Dr Boureima Hama Sambo, WHO Representative in Ethiopia, stressed that equity must be at the core of NTD programming. “As NTDs often affect the most vulnerable, they can be considered a litmus test for Universal Health Coverage,” Dr Sambo said. “To ensure that everyone has equitable access to NTD services, there is a need to continue to adopt an integrated people-centred approach and intensify intersectoral partnerships to address the root causes like poverty and poor access to water, sanitation and hygiene.”

WHO remains committed to continue supporting the efforts of the Government of Ethiopia to rid the country of all neglected tropical diseases.



4.1.2. Reproductive, Maternal, Newborn and Child Health (RMNCH)

> Output: Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

Breastfeeding is significantly compromised during emergencies. Families are forced to leave their homes and are exposed to devastating food insecurity, poor sanitation, and disruptions in basic services. At such times, the health and life of infants and children are at greater risk from malnutrition and disease outbreaks, as displacement limits communities’ ability to practice proper infant and young children feeding and impedes their access to essential health and nutrition services.

To address this, WHO collaborated with the MoH and other stakeholders to develop a guideline for the country’s infant and young children feeding in emergencies. In particular, the guideline document highlights breastfeeding as one of the actions to ensure their nutrition, as stated in the WHO-



Source: <https://www.afro.who.int/countries/ethiopia/news/ethiopia-commemorates-world-neglected-tropical-diseases-day-calling-equity-political-will-and>

UNICEF joint statement for World Breastfeeding Week 2022. Globally, fewer than half of all newborn babies are breastfed in the first hour of life, leaving them more vulnerable to disease and death. And only 44% of infants are exclusively breastfed in their first six months, still short of the World Health Assembly target of 50% by 2025.

According to Ethiopia Humanitarian Response Plan (HRP) 2022, the country has been experiencing one of the most severe La Niña- induced droughts in the last decade, with five consecutive failed rainy seasons since late 2020. The

Hope and restoration at Gode Hospital where ailing children receive life-saving treatment

When her 11-month-old son, Abdulnasir, refused to breastfeed or eat his food, Amina knew something was seriously wrong with him. He had had diarrhoea, vomiting, and fever for over a week. But it was when he cried incessantly in pain, stopped feeding altogether and got dangerously weak that Amina became truly alarmed and brought him to Gode Hospital in Somali. Following a thorough examination upon arrival at the hospital, Amina was informed that her baby was suffering from severe acute malnutrition (SAM) with dehydration due to diarrhoea and vomiting and had to be admitted to the hospital's SAM Treatment Center. Dehydration is one of the common medical complications in children with severe acute malnutrition, contributing to morbidity and death.

The doctors immediately put Abdulnasir on first-line treatment, rehydrated him, and placed him on F75 therapeutic milk to stabilize him and later added 'plumpy nut' therapeutic food to his diet. The baby was stunted at admission, with his weight for height less than -3. However, after a week of treatment, Abdulnasir's appetite returned, and he was moved to the transition ward, where health workers checked his vital signs and monitored his weight daily.

As Abdulnasir's condition improves, he will be moved to the rehabilitation ward, discharged, and then enrolled in the outpatient therapeutic programme, where he will be fed 'plumpy nut' therapeutic food weekly at the hospital for at least eight weeks.

Amina expressed her gratitude to the hospital staff for treating her son and following up on his recovery while thinking of her other three children, aged 8, 7, 4. "My

prolonged drought has severely compromised the fragile livelihoods, and people who leave their homes searching for food can no longer access health services. To address this, WHO supported immunizing 366,351 (93% of the target) children aged six months to 10 years during the reactive measles vaccination campaign in the Somali and SNNP regions. Additionally, around 346 healthcare workers have been trained in Adolescent, Maternal, and Infant and Young Child Feeding (IYCF)/ IYCF in Emergency. WHO supports facilities with drugs and medical supplies critical for patients' recovery.

heart was torn as I left my other three at home to be with the little one. But I will stay as long as it takes to restore my baby's health. Times are hard, but I am thankful that such treatment is available and has helped save my son's life. God bless the doctors and staff caring for him."

Amina is a housewife from an impoverished household in Gode town. Her husband has a physical disability and finds it difficult to provide for his family, so she often resorts to daily household labour or, on bad days, begging for alms. Poverty, coupled with the drought in Somali Region, has impacted the nutritional status of her family.

With support from partners like the European Union Civil Protection and Humanitarian Aid and the United Kingdom Foreign, Commonwealth and Development Office, WHO provides medicines and medical supplies to the SAM Treatment Center at Gode Hospital, well as coaching their staff and providing guidance and advice as needed.



Source: <https://www.afro.who.int/countries/ethiopia/news/hope-and-restoration-gode-hospital-where-ailing-children-receive-life-saving-treatment>



PILLAR 2

HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

> Output: All-hazards emergency preparedness capacities in countries assessed and reported

COVID-19

Ethiopia conducted two rounds of COVID-19 vaccination campaigns, during which 45.9 million doses of three types of vaccines were distributed to all regions except Tigray. During the two campaigns, 41.3 million of the doses of vaccines were administered, thereby increasing the coverage from 8% to 35%. COVID-19 vaccination was also integrated with measles supplementary immunization activity (SIA). Over 1.3 million doses of vaccines were administered, and more than 9,000 Internally Displaced People (IDPs) and refugees were vaccinated. While Tigray did not conduct a COVID-19 vaccination campaign, in 2022 the region received over 1.6 million doses of the J&J vaccine. Through a phase-based approach, over 171,000 doses of vaccine were administered in 2022 and additional campaigns were conducted in early 2023.

From time to time, vaccine hesitancy increased, mainly in cities and big towns. TV spot messages and podcasts were produced, and broadcast and community dialogues conducted to improve awareness and generate demand. Three universities carried out a vaccine hesitancy assessment and the preliminary findings were shared with the MoH.

The National Deployment and Vaccination Plan (NDVP) and Training Manual were revised for the third time, incorporating the WHO-SAGE recommendations by prioritizing the highest and high-risk groups. The training materials were also revised in keeping with MoH guidance, and subsequent cascade training occurred.

The WHO support included pre-campaign readiness assessment tool development, training on the tools, validation of preparedness, facilitating and delivering training-of-trainers and cascade training, and deploying officers for supportive supervision during the campaigns and roll-out.

Improving response as Ethiopia marks two years since the first COVID-19 case

Two years ago, on 13 March 2020, Ethiopia recorded its first COVID-19 case, with the virus first being declared in Addis Ababa before spreading to other locations. So far, the country has recorded 469,184 cases and 7,486 deaths.

In the two years since, public health measures, including core capacities to detect, assess, report, and respond to public health events, were deeply reviewed, and strengthened. The commitment of Ethiopia's leadership at the highest level was reiterated by national coordination with all stakeholders, especially multi-sectoral coordination for preparedness, which has been crucial in curbing the spread of the virus. Vaccination is also being stepped up to help control the pandemic.

"COVID-19 has pushed us to the limit. But it has also demonstrated the importance of preparedness to respond efficiently to health emergencies. We greatly appreciate the support of our partners, who worked alongside our teams at all levels in the sustained response to the pandemic," says Her Excellency Dr Lia Tadesse, Ethiopia's Minister of Health.

The World Health Organization (WHO) continues to support the country in bolstering key pandemic response measures such as surveillance, laboratory testing, treatment, and community engagement.

Throughout the pandemic, WHO has also provided technical guidance and support and, with its partners, delivered crucial medical supplies and equipment to the country to combat the virus and sustain the continuity of essential health services.

“We’ve been at the forefront of the efforts to beat back this pandemic since 2020 and will continue to support the stellar efforts the national authorities are undertaking to tackle the COVID-19 pandemic and keep the Ethiopian people safe effectively,” shares Dr Boureima Hama Sambo, WHO Representative in Ethiopia.

Vaccination remains a powerful weapon against this pandemic, and WHO continues to work with partner organizations to increase the country’s uptake. So far, 23,960,213 people have been fully vaccinated. However, more efforts are needed to reach the wider population to protect them from the risk of severe illness and death.



Source: <https://www.afro.who.int/countries/ethiopia/news/improving-response-ethiopia-marks-two-years-first-covid-19-case>

Maintaining Polio-Free Status: Ethiopia’s wild polio-free status has been maintained through active case searching and supportive supervision visits to priority health facilities in all the country’s regions. These have been conducted jointly by WHO polio officers, Global Polio Eradication Initiative (GPEI) partner surveillance officers, and government counterparts.

The programme achieved several favourable results, such as integrating the humanitarian response activities with vaccine-preventable disease (VPD) surveillance, establishing surveillance networks, and resuming routine immunization activities in the conflict-affected areas of Afra, Oromia, Benishangul Gumuz (BG), and Amhara. An additional result includes targeting young girls for Human Papillomavirus (HPV) vaccination by 15 years, with the current rate being 81.5%. Nine technical assistants were recruited and deployed to support this at the subnational level to build capacity and transfer knowledge to plan, implement and monitor the progress of HPV vaccination activities.

The programme also promoted initiating a contraceptive method for postpartum women delivering in facilities before discharge. Strategic documents and guidelines on the RMNCAH programme are updated/adapted from the latest WHO guidance and put in place for implementation.

However, because of the COVID-19 pandemic on essential health services over the past three years, MCV 1 and 2 coverage for measles is very low, resulting in extremely low population immunity, a major reason for the high number of measles outbreaks. Although the risk of polio and measles outbreaks remains very high in conflict-affected areas, routine immunization and surveillance remain sub-optimal. The lack of a surveillance network is a major challenge for early detection and response to outbreaks of VPDs in conflict-affected areas.





PILLAR 3

HEALTH PROMOTION AND WELL-BEING

> Output: Countries enabled to address social determinants of health across the life course

NUTRITION: WHO played a leading role in developing and officially launching the National Food and Nutrition Strategy (NFNS), technically supported the familiarization process, and helped revise the guidelines with marked technical engagement and finalization of the revised version. WHO completely managed and reached its milestone of the project lifetime in close collaboration with MoH and partners. WHO strengthened the capacity for operationalization of the NFNS by implementing the essential nutrition actions adopted in the revised guidelines and conducted an anthropological study to assess the health-seeking behaviours and dietary patterns among pastoralist communities and disseminate the findings for wider use.

The joint technical meeting held in AddisAbaba in October 2022 enabled laying the foundation for the joint implementation of the project. In December 2022, WHO organized an inter-country coordination meeting under the theme of “Using Innovative Digital Solutions for Improving Access to Healthcare Services & Nutrition Information in Cross-Border Pastoral Communities”, involving the health ministries of Ethiopia and Somalia, and other stakeholders. The meeting monitored project progress and initiated discussion on innovative digital solutions to support a data sharing framework for the two countries. The framework helps ensure access to healthcare despite population movement across borders, minimize defaulters on malnutrition treatment, and ensure the continuum of care.

WHO led the preparation of the generic business requirement for the completed digital solution, which helped define the features and workflow of the information generated in the platform and its application for improving access to nutrition. Discussion with the relevant health ministries to refine the requirements is ongoing.





Ethiopia hosts a consultative meeting on cross-border coordination of pastoral nutrition project

The Ethiopian Federal Ministry of Health (FMOH), in close collaboration with the Ethiopian Country Office of the World Health Organization (WHO-Ethiopia), hosted an inter-country coordination meeting for the Cross-Border Pastoral Project. The meeting was held under the theme of “Using innovative digital solutions for improving access to healthcare services & nutrition information in cross-border pastoral communities.”

With financial assistance from Italian Agency for Development Cooperation (AICS), since May 2021, WHO-Ethiopia has been implementing a regional pastoral project geared towards vulnerable groups seeking healthcare across borders, utilizing innovative technology to supplement conventional health service delivery, and ensuring continuity of healthcare.

The pilot initiative currently focusing on Ethiopia and Somalia has the potential for expansion to additional regions and nations and is believed to significantly contribute to achieving SDGS 2, 3, and 17 and attaining UHC.

Opening the meeting, Dr Meseret Zelalem, Director of the Maternal, Child & Nutrition Directorate with the Federal Ministry of Health, said the “Horn of Africa is among potential areas for development; however, it has been known for high maternal and child mortality and affected with prolonged drought resulting in high malnutrition.” According to Dr Meseret, pastoralists contribute to a higher portion of the region’s population and ensuring a context-specific enabling environment in the health system is important to address the health needs of this community while in the country or across borders.

Speaking on behalf of the WCO Ethiopia Deputy Representative, WCO-Ethiopia Nutrition Technical Officer

Dr Betty Lanyero said, “The pastoralist community, despite being a sizeable portion of the population and contributing to the economies of these countries significantly, has a below-the-average key health indicator which is characterized by low rates of fully immunized children, inadequate postpartum care, and low rates of facility delivery among others. Climatic shocks, droughts, and floods have impacted the livelihoods and health of pastoralists in the Horn of Africa countries, resulting in alarming food insecurity and child malnutrition. Furthermore, the existing health system’s weakness and the poor integration of cross-border services with community mobility hinder access to healthcare.”

The Director emphasized that the digital solution in the modern era has greatly improved the health system and service delivery and information for decision.



source: <https://www.afro.who.int/countries/ethiopia/news/ethiopia-hosts-consultative-meeting-cross-border-coordination-pastoral-nutrition-project>

Gender-Based Violence (GBV)/Sexual Violence (SV): WHO initiated and led the mapping exercise of the health response to GBV/SV and related services across the country and advocated and engaged in the write-up of the national health sector prevention and response to workplace harassment and training materials to include Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH). WHO also supported

training trainers’ courses, with priority given to regions with emergency settings. Selected emergency sites were mapped for comprehensive support services for survivors of GBV/SV, as were the health facilities across the country ready to support survivors in the health response. The results of these mappings have been disseminated.

There are key lessons from the past year in this area. Strengthening the health system and building a humanitarian-development nexus have proven crucial in advancing the scale-up of a multi-sectoral approach to GBV/SV, including PRSEAH. Additionally, integration of GBV/SV in the emergency essential health service package has saved

lives, and periodic risk assessment on GBV/SV and early preparation to respond to uncertainties of health events and crises have been a way to mitigate the negative impact. Leveraging funds from other sources through programmes mainstreaming gender approaches, including PRSEAH, has significantly contributed to the achievements.

Fighting female genital mutilation in Ethiopia: a passion born of personal pain

Meemuna Sadam* is a public health expert in the Somali Region in Ethiopia. Together with her colleagues, she raises awareness and provides education on Female Genital Mutilation (FGM) to communities and conducts advocacy actions targeting religious leaders.

Meemuna is also a victim of FGM. “I was only six when they cut and sewed me up. The pain was unbearable; I still remember the fear, pain and abandonment I felt.” In the Somali region of Ethiopia, girls usually experience FGM between the ages of 5-10 years.

In Ethiopia, two in three women aged 15-49 (65%) have undergone FGM, according to the country’s Central Statistical Agency. According to the 2016 data, FGM is most widely practiced in the Somali and Afar regions (99% and 91%, respectively and lowest in Tigray and Gambella regions (24% and 33%, respectively). Traditional agents and circumcisers perform most of the FGM procedures in different communities and regions.

As a public health specialist, Meemuna often witnesses the ravages of FGM on the health of women and girls.

In Ethiopia, there is a strong political commitment to end FGM. The country has decreed the practice as a violation of human rights, and FGM was included as a punishable offence in Ethiopia’s criminal code already in 2004. Furthermore, the Government has renewed

its commitment to ending FGM by 2024. The Ministry of Women’s and Children’s Affairs was responsible for developing, in collaboration with partners, the roadmap for ending FGM and child marriage by 2025, which was launched by Her Excellence President Sahle-Work Zewde in 2019.

In the past 20 years, the prevalence of FGM in Ethiopia has declined progressively from 80% in 2000 to 74% in 2011, then 65% in 2016.



Source: <https://www.afro.who.int/countries/ethiopia/news/fighting-female-genital-mutilation-ethiopia-passion-born-personal-pain>

> **Output: Countries enabled to address risk factors through multi-sectoral actions**

Fresher air, cleaner lungs: Ethiopia expands smoke-free zones

Dereje Amsalu breathes easier nowadays. The manager of the Blendana Hotel, which is in the Benishangul region of northwest Ethiopia, is enjoying the hotel’s new status as a smoke-free environment.

“Before, hotel workers were uncomfortable with customers smoking tobacco indoors,” he says. “Now the hotel is cigarette smoke-free; we do not permit smoking by anyone, whether local or foreign.”

Benishangul was one of five regions recently identified by the Ethiopian Ministry of Health as having a high prevalence of tobacco use, traditional tobacco smoking, access to illegal tobacco products, and khat chewing and alcohol consumption. These were among the criteria used in a new tobacco control support initiative supported by the World Health Organization.

In addition to Benishangul, the regions of Afar, Gambella, Oromia, and Somali have been targeted for enforced tobacco regulation, which includes the designation and enforcement of smoke-free environments to protect the population from the harms of second-hand smoke.

“Second-hand smoke exposure is a matter of public health,” says Heran Gerba, head of Ethiopia’s Federal Food and Drugs Authority. “Our most recent data shows that nearly one-third of adults – that’s 6.5 million people – working indoors are exposed to tobacco smoke in the workplace, and a further 8.4 million are exposed at home. Therefore, enforcing smoke-free environments is one of the major steps we are taking to protect health and promote safer environments.”

For Tano Maure, manager of the Case Asosa Hotel in Benishangul, the benefits of enforcement go beyond physical well-being.

“The declaration of smoke-free environments is excellent,” he says, noting that smoking in hotels is now illegal in his area. “Cigarette smoking causes many health, social and psychological problems for the individual and the country. This will help us become a more productive and non-addictive society,” he points out.



Source: <https://www.afro.who.int/countries/ethiopia/news/fresher-air-cleaner-lungs-ethiopia-expands-smoke-free-zones>

> Output: Countries enabled to reinforce partnerships across sectors, and governance mechanisms, laws, and fiscal measures

WHO oriented the partners on the health tax, community based NCDs/prevention and promoted physical activity. Together with the partners it also assessed the health tax on tobacco, alcohol and SSBs that will be disseminated in the next year and completed a multi-sectoral engagement for walking and cycling. To mark World Health Day in 2022, WHO organized a high-level panel discussion that brought together key partners around the theme “Our Planet, Our Health”.

> OUTPUT: Countries enabled to address environmental determinants, including climate change

From strategy to execution, WHO supported the Government across all realms in the WASH sector. It helped finalize the National WASH and Environmental Health Strategy (2021-2025), endorsed for implementation and use, while ensuring hygiene at its focus. WHO also finalized the costed national roadmap for Hand Hygiene for All (HH4A) and launched joint implementation.

WHO advocated at high levels to enhance the implementation of climate-resilient water safety plans in the country, completed the UN Water Global Analysis and Assessment of Sanitation and Drinking-Water country survey 2021-2022 cycle, and updated the WASH in healthcare facilities progress country tracker. In addition, WHO assessed household energy use practices across two districts of Sidama region to generate evidence and to design air pollution prevention strategies and guide implementation.

The national training manual for WASH in healthcare facilities has been finalized and is ready for cascaded training, with WHO support. WHO also provided training-of-trainers (ToT) on sanitation safety planning to 17 national experts. Around 26 environmental health experts were trained in water quality monitoring and surveillance to improve sub-national level capacity.

OUTPUT: Country evidence shown on improved data and statistical capacities as against regional health information assessment results

WHO helped review the Health Management and Information System (HMIS), which included revising the indicators, recording, reporting tools, and version upgrades of DHIS2. It provided ToT training on revised HMIS to 25 experts (in the Nutrition programme and M&E) from all regions and printed the M&E tools for distribution across 250 health facilities in all regions, while also conducting data quality assurance in all regions for selected health facilities.

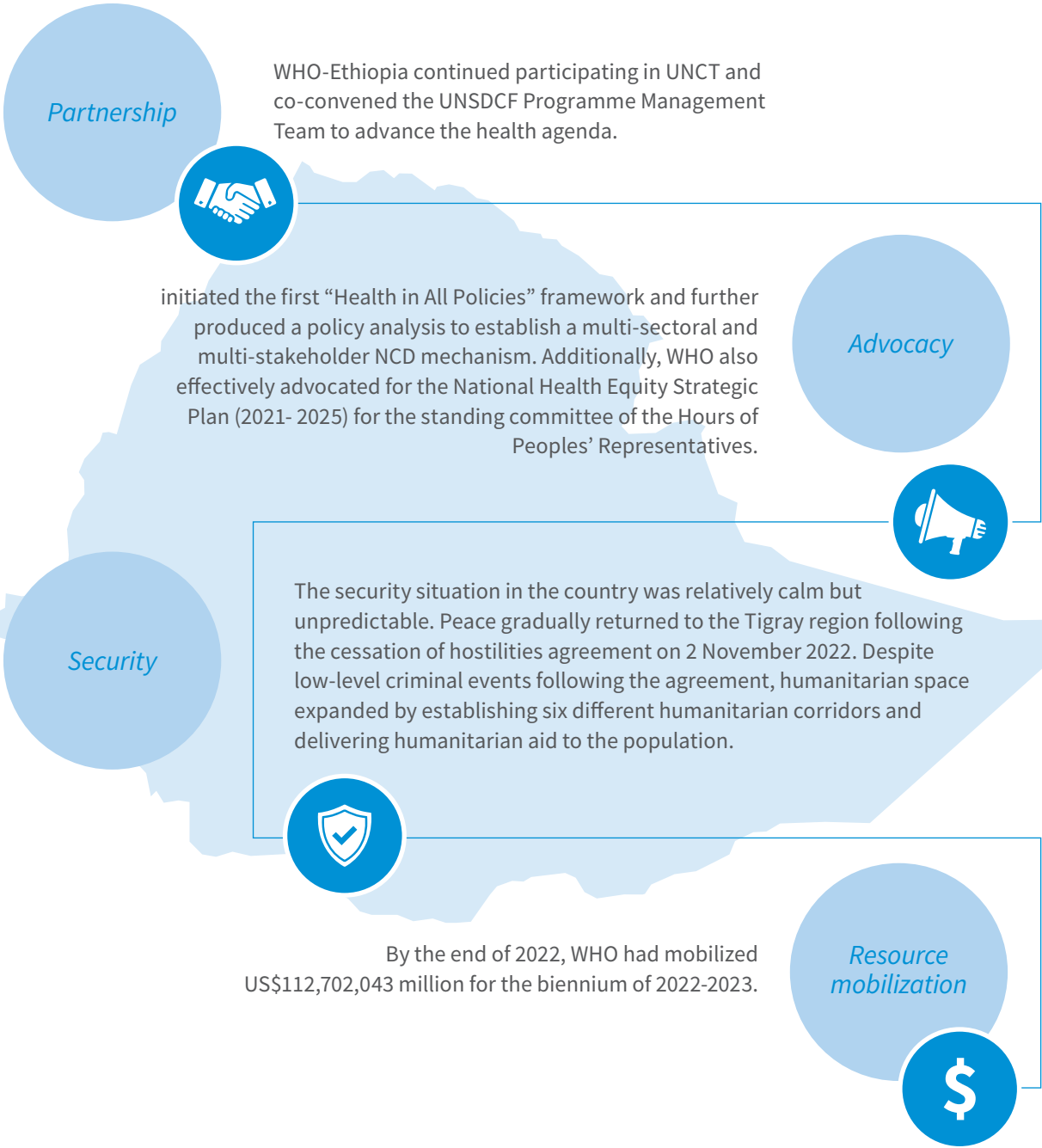
WHO supported the development of an NFNS monitoring framework aligned with national and global priority targets and its familiarizations workshop and the multi-sectoral nutrition information system data collection platform, Unified Nutrition Information System, by revising the scorecard indicators and piloting data collection from offline to online in four selected woredas (districts).





PILLAR 4

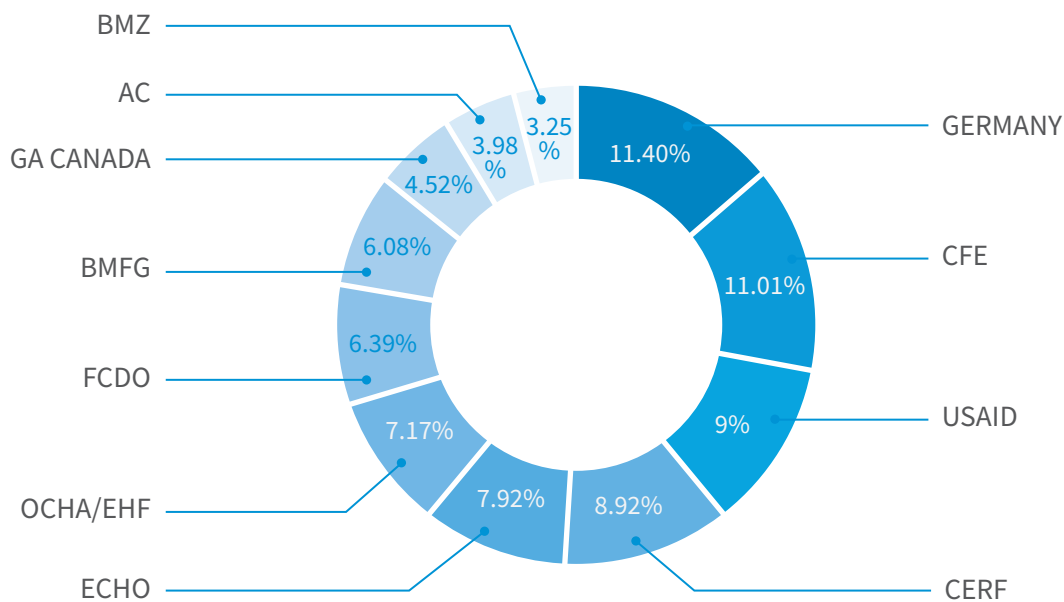
ENABLING FUNCTION



Regarding distribution/allocation to OCR, the pillar’s award budget sums up to US\$70 million, representing 62.5% of the total award budget allocations, while more development-related activities (BASE Programs) account for 26.4%. This shows WCO’s dependence on emergency funds, given the different emergencies the country is facing and that there is

space to increase and enhance the development portfolio. The total amount of voluntary contributions received represented 92.51% of the total contributions received, reflecting the high capacity of the Office to mobilize resources.

WHO Ethiopia Top 10 Donors



Regarding donor outreach, WCO reduced its dependency on UN-based funds (e.g., OCHA/EHF, CERF) and strengthened its relationship with key donors such as USAID, ECHO, FCDO, GERMANY, and DFTAD. This proven ability of WCO to diversify its donor base reduces the risk of depending on few sources of income. Additionally, the WCO is actively partnering with private foundations (such as BMFG and HP Foundation), demonstrating a great capacity for outreach with different categories of partners.

> OUTPUT: Leave-no-one-behind approach focused on equity, gender and human rights progressively incorporated and monitored

Ethiopia continued to be security-intense, with sporadic armed conflicts affecting programme progress and

impact. WHO commends the unwavering commitment to advance gender equity reflected in the Health Sector Transformation Plan II (2020- 2025) with a clear mission statement mandating an equity-driven approach. About 80% of the programme activities within WCO were gender-sensitive, with good progress toward the gender continuum. WCO promoted gender mainstreaming in two directions to ensure all health programming is gender responsive and transformative through a) building internal capacity in mainstreaming gender in WCO-supported programmes with a push to implementing partners, and (b) pulling the health sector governance and strategic information, including research to mainstream gender as the foreseeable strategic direction of work.

5. FINANCIAL, HUMAN, AND ADMINISTRATIVE RESOURCES

5.1. Operation support and logistics (OSL)

OSL developed the Concept of Operations to support EPR responses for conflict and drought responses. Furthermore, OSL developed a training and coaching module on “Basic Supply and Warehouse Management Training in the Health Emergency Operation Context” to provide technical support on supply chain management for the regional and zonal health bureaus’ logisticians. This has been implemented in Jinka for the drought response by the zonal health bureau with technical support from deployed OSL assistants.

WCO management, Afro OSL, and EPHI acknowledged OSL’s sound Supply Chain Management system that dispatched

supplies within 1 to 3 days if staff were not assigned to perform other OSL tasks and transport availability.

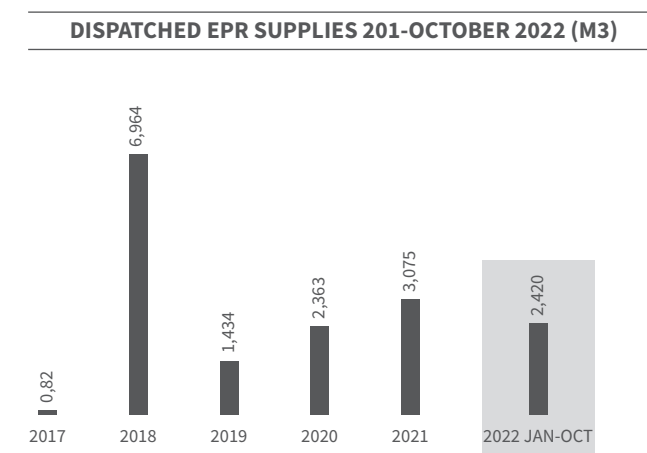
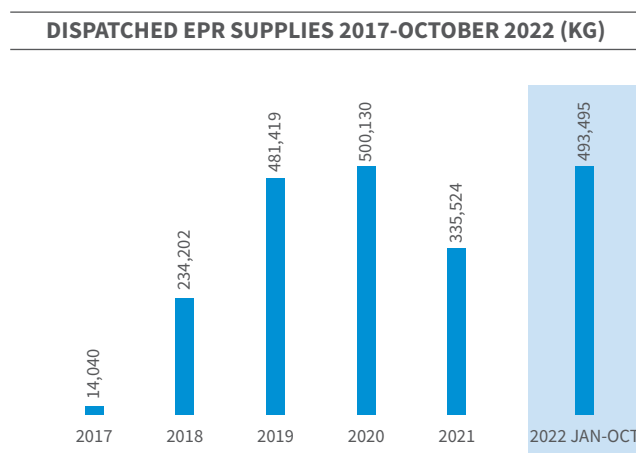
OSL worked with WCO and Northern technical teams and developed an EPR procurement plan for 2022 and beyond.

In 2022, procurement worth US\$12.2 million was initiated for WHO’s Emergency Preparedness and Responses (EPRs) across the country.

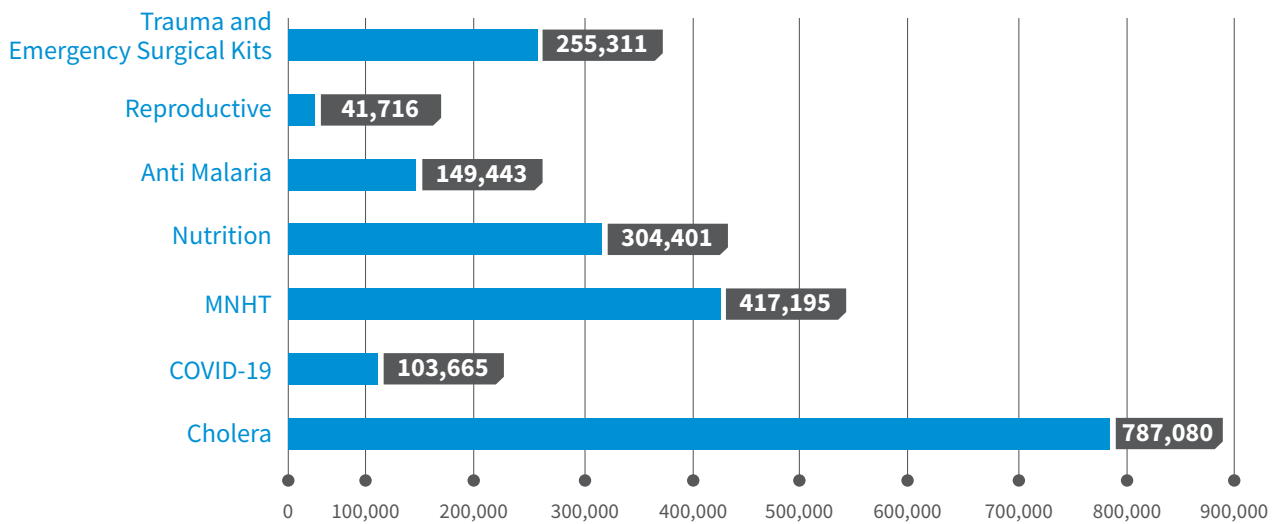
Throughout 2022, OSL dispatched 493 metric tons (MT), representing 2,420 cubic meters (M3) of supplies for emergencies across the country. See graphs below:

20 March 2023

Total Supply Dispatched per Year: From 2017 to October 2022



Dispatched Supplies by Weight Kg / Category from 2017-2022



5.2. Transport

Replacing old vehicles has shown significant progress as it ensures compliance and reduces unnecessary maintenance costs. The new Transport Booking System is being developed and already being used as a functional system.

5.3. ICT

Initiated acquisition and adoption of HR Information Management software to manage short service assignments contract holders for AFRO country offices, in collaboration with AFRO-ITM and WCO India. AFRO HR experts undertook a gap analysis workshop, and WCO India supported documenting AFRO’s requirements and costing software customization and deployment costs. Currently, the project is awaiting General Management and Coordination (GMC) approval to proceed or stop.

To enhance the effectiveness of digital capabilities, the team undertook a comprehensive ICT resource gap assessment and developed an ICT procurement annual plan worth US\$400,000, currently under a phased process. As a result, the office-initiated disposal of old computer hardware, for

which the ICT team facilitated a data cleansing operation for 179 laptops and 25 desktops. The team also initiated printer leasing from one UN sister agency and pursued similar opportunities to reduce the total cost of ownership.

To modernize the digital workplace, ICT revised the ICT Disaster Recovery Plan for all WHO offices in Ethiopia and related components in the country office Business Continuity Plan. The ICT team also provided training to 100 staff on electronic file management and Zoom meeting management.

5.4. Fixed Asset Management

Fixed assets physical verification is a mandatory exercise that needs to be conducted at least once a year, as indicated on the WHO Fixed Assets SOPs OSS.SOP.XIII.002.

The WCO, in line with the orientation from AFRO, conducted the 2022 physical verification exercise. In addition, the asset verification exercise also aimed to fulfil the 2022 AFRO KPIs on Fixed Assets.

5.5. Financial Management

Around US\$112.7 million was mobilized during the reporting period. As shown below, most of the resources mobilized represent emergencies and polio programmes distributed under pillars 2, 13, and 10. Of the total available funds, 74% has been utilized, and the balance has already been carried forward for 2023 use.

Timely receipt of reports for the direct financial contribution and direct implementation are major challenges due to

various reasons; this reflects the WCO's KPIs as yellow in the relevant table below, as there are currently reports due which are under close follow-up.

The available balance under the salary work plan can cover salaries in the next 7.5 months, and the gap will be mobilized in 2023.

Budget implementation as of 31 December 2022

Category	Allocated Budget	Planned Costs	Funds Available	Utilization	Balance available	Utilization %
1	17,712,801	16,786,377	15,732,614	10,111,421	5,621,193	64%
2	16,175,224	15,087,971	11,050,675	7,379,470	3,671,205	67%
3	3,391,708	3,277,411	662,112	318,817	343,295	48%
4	5,196,722	5,156,026	4,352,750	2,818,357	1,534,393	65%
10	16,823,000	12,023,000	10,668,705	9,838,092	830,613	92%
13	67,936,121	67,914,375	69,703,658	52,928,711	16,774,947	76%
14	70,866	70,866	70,866	69,231	1,635	98%
50	476,237	476,237	476,237	451,377	24,860	95%
Grand Total	127,782,679	120,792,263	112,717,617	84,515,476	28,802,141	74%

Administrative KPIs (as of 31 December 2022)

Budget Center	Award Distribution	Funding and Utilization	Salary Risk	PMDS	Travel	DI	DFC	Grant Letter of Agreement	Donor Reports
	Undistributed funds as % of Total Funds Available	Utilization as % of distribution	No. of Months Covered by Balance in Salary Workplans	Average Compliance Rate	Average Compliance Rate	Overdue DI Reports	Overdue DFC Reports as % of Total DFCs Issued	Overdue Grant LoA Reports	Overdue Reports Due
Ethiopia	0%	74%	7.5	69%	33%	4%	4%	0%	4%

5.6. Human Resource Management

The gradual easing of the COVID-19 restrictions led to a full return to the office by all staff population previously working from home. The year saw intensified humanitarian and emergency response and crisis intervention activities with the scale-up of the Northern Ethiopia Humanitarian

Response, the Drought Response and the Cholera Response, leading to increased deployment of emergency staff and responders. The implementation of HR aspects of the Functional Review recommendations, which started in the second half of 2021, has continued throughout 2022.

Total number of positions approved	207
Total number of positions prioritized for filling under the first wave of implementation	147
Single-matched	48
Internal competition	42
Open (internal and external) competition	57
Selections completed	20
(At different stages of the selection process (shortlisting & interviews)	33
VN currently running	1
Pending decision	3

In November 2022, Letters of Notification of the Abolition of Positions were issued to staff members holding legacy positions that were not matched or who were unsuccessful in the competitive selections for new Functional Review positions.

The following data shows the staff size by category and gender breakdown. For example, most of the SSA category refers to deploying national technical staff to support the ongoing multiple emergency response activities.

Category	Male	Female	Sub-Total
Staff (National)	89	26	115
Staff (International)	23	10	33
Consultants (International)	18	4	22
Special Service Agreement (National) -SSA	266	31	297
TOTAL	396	71	467

However, key challenges include the delayed implementation of the Functional Review structure and receiving reports for DFC, DI and GLOA funding modalities.

This, combined with a funds shortage for development programmes, impacts smooth operations.

6. ACKNOWLEDGMENT







CREDITS

Coordination: Dr Nonhlanhla R. Dlamini
Production: Julie Pudlowski Consulting
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**World Health
Organization**
Ethiopia

CONTACT

Dr Nonhlanhla R. Dlamini

WHO Country Office
Menelik II Avenue,
UNECA Compound,
Zambezi Bldg, 1st Floor
Addis Ababa, Ethiopia

Email: dlaminin@who.int