

Annual Report 2010

**World Health
Organization**

Country Office Ethiopia





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Ethiopia Country Office

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Prepared by
WHO Country Office
Ethiopia



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Acknowledgments

The WHO Country Office would like to extend its warm appreciation to the Federal Ministry of Health of Ethiopia for its continued leadership and for creating an enabling environment for partners to effectively support the sector.

We are also grateful to the WHO Regional office and Headquarter Office for their guidance and technical as well as financial assistance which significantly contributed to the discharging of our responsibilities. The collaboration extended from all partners and especially the financial support provided by the USAID, CDC, EU, UN Office for the Coordination of Humanitarian Affairs (OCHA), Canadian International Development Agency (CIDA), Governments of Japan and Spain and Bill & Melinda Gates Foundation has been instrumental in achieving the results registered during the reporting year.

WCO Ethiopia would also like to recognize the commitment and determination demonstrated by staff members and leads in effectively executing the annual plan.

Introduction

Ethiopia is a Federal Republic with nine regional states, two city administrations, 817 districts and a population of over 79.4 million, 84% of which reside in rural areas (2009). It is a country with diverse geography and populations. Communicable diseases account for about 60-80% of the health problems in the country. The health sector is burdened by consistently low skilled birth attendance (16%) and under-utilization of health services (0.32). In addition, shortages, uneven distribution, poor skills mix and high attrition of trained health professionals remain the major obstacles to the transfer of competencies. Huge disparities between geographic areas and populations are also challenges that are still recognized. In order to address these challenges, the Ethiopian government, in collaboration with partners developed its fourth Health Sector Development Program (HSDPIV 2010/11-2014/15).

The WCO 2010-11 biennium work-plan was developed in harmony with the national health priorities as stated in the HSDP IV. In the first year of implementation, WHO support was directed at health systems strengthening, the health of mothers, children and adolescents, public and environmental health as well as the prevention and control of major communicable diseases.

Therefore, the aim of this 2010 Annual Report is to provide a concise overview of the activities undertaken by the WCO during the year with emphasis on the key achievements, challenges faced and suggestions as to the way forward for better results in the coming year.

The report covers the major performances of the office under five clusters, namely: Health Systems Strengthening (HSS), HIV/AIDS, Tuberculosis and Malaria (ATM), Disease Prevention and Control (DPC) Maternal and Child Health (MCH), and WHO's Country Presence/administration. Program based specific technical assistances rendered, achievements recorded, challenges encountered and the proposed way forward are covered under each of the 5 sections of the cluster reports.

Foreword

The World Health Organization (WHO) has been working in close collaboration and partnership with the government of Ethiopia, supporting its efforts to ensure equitable and quality-assured health services implementation of several initiatives.

In this report, WHO maps out the types of technical and financial support, collaboration and partnership in Ethiopia which took place in the year 2010. While implementing the year's work plan, effort has been made to ensure that 2010 related milestones, included in the newly approved WHO African Region Strategic Directions (2010-2015), are also well covered.

WHO support focused on health systems strengthening to promote and sustain government commitment with special emphasis on the review of the national Health Sector Development Program III (HSDPIII) and the development of HSDP IV. The use of Joint Assessment for National Strategy (JANS) tools during the review and development processes served as the catalyst for ensuring enhanced engagement and harmonization of health system funding platforms such as Global Alliance for Vaccines and Immunization (GAVI), the Global Fund (GF) and World Bank (WB) and helped to improve the quality of resources for the sector. Thereafter, the district health systems and services were re-organized in line with the country's decentralized health policy through dialogue with all stakeholders to foster better coordination.

Concerning the provision of quality care, marked progress was made through technical support for national capacity to undertake comprehensive scale-up of the disease control programs. In addition, sub-national capacity for crisis management, emergency preparedness and response was also enhanced. Furthermore, thanks to existing partnerships, funds were secured to conduct the TB program review and the TB prevalence survey in order to determine the true burden of TB in the country. The next important milestone was the review and strengthening of national capacity to implement the International Health Regulation (IHR).

It was also encouraging to note that our within-country regional presence has improved due to the high level missions made to the regions, our participation in regional health sector reviews and specific program development and the support provided by designated WHO focal persons to strengthen the implementation and coordination of programs.

Finally, the goal to improve and enhance the capacity building of the WCO staff was given special priority. In this regard, performance enhancement seminars and workshops on communication, Global Management System (GSM), gender analysis and mainstreaming and introduction to Statistical Package for the Social Sciences (SPSS) were conducted to boost the knowledge and skills of the WCO staff.

I am therefore pleased to share with you our engagements and achievements during the year through this report. I would also like to take this opportunity to thank all WCO staff who worked tirelessly with their counterparts and health development partners for better alignment and harmonization of programs for the benefit of the Ethiopian people.

Dr. Fatoumata Nafo-Traoré
WHO Representative, Ethiopia

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List of Acronyms

| | |
|--------|--|
| AFP | Acute Flaccid Paralysis |
| AIDS | Acquired Immunodeficiency Syndrome |
| 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 |
| CDC | Center for the prevention and Control of Diseases |
| CEmONC | Comprehensive Emergency Obstetrics and Neonatal Care |
| CERF | Central Emergency Relief Fund |
| DFC | Direct Financial Cooperation |
| DHS | Demographic and Health Survey |
| DRMFSS | Disaster Risk Management Food Security Section |
| DOT | Directly Observed Therapy |
| EHA | Emergency and Humanitarian Action |
| EHNRI | Ethiopian Health and Nutrition Institute |
| EmONC | Emergency Obstetrics and Neonatal Care |
| ENADA | Ethiopian National Data Archive |
| EPA | Ethiopian Environmental Protection Agency |
| EPI | Expanded Program of Immunization |
| ERCS | Ethiopian Red Cross Society |
| ERIA | Enhanced Routine Immunization Activities |
| ETAT | Emergency Triage Assessment and Treatment |
| FCCT | Framework Conventions on Tobacco |
| FHAPCO | Federal HIV/AIDS Prevention and Control Office |
| FMoH | Federal Ministry of Health |
| FMHACA | Food, Medicines, Health service Administration and Control Authority |
| FP | Family Planning |
| GAVI | Global Alliance for Vaccine and Immunization |
| GSM | Global Management System |
| GWD | Guinea Worm Disease |
| HAPCO | HIV/AIDS Prevention and Control Office |
| HEP | Health Extension Program |
| HEW | Health Extension Worker |
| HIV | Human Immunodeficiency Virus |
| HMIS | Health Management Information System |

| | |
|----------|--|
| HPN | Health Population and Nutrition |
| HRD | Humanitarian Requirement Document |
| HSDP | Health Sector Development Program |
| IDSR | Integrated Disease Surveillance and Response |
| IHP | International Health Partnership |
| IHR | International Health Regulation |
| IIP | Immunization In Practice |
| IMNCI | Integrated management of Neonatal and Child Illness |
| IMAAH | Integrated Management of Adult and Adolescent Health |
| 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 |
| NCD | Non-Communicable Diseases |
| NGO | Non-Governmental Organizations |
| NNP | National Nutrition Program |
| NNS | National Nutrition Strategy |
| PHEM | Public Health Emergency Program |
| PHC | Primary Health Care |
| PHE | Public Health Emergency |
| PFSA | Pharmaceuticals Fund and Supply Agency |
| RHB | Regional Health Bureaus |
| SAM | Severe Acute Malnutrition |
| SDL | Staff Development and Learning |
| SIA | Supplemental Immunization Activities |
| SPSS | Statistical Package for the Social Sciences |
| SPM | Strategic Plan for Multi-Sectoral response to HIV |
| STI | Sexually Transmitted Infections |
| TWG | Thematic Working Group |
| TUB/TB | Tuberculosis |
| UNDAF | United Nations Development Assistance Framework |
| UNOCHA | United Nations Office for Coordination of Humanitarian Affairs |
| USAID | United States of America International Development |
| 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 accordance with its global mandates and agreed priorities, the World Health Organization (WHO) has been working closely with and supporting the government of Ethiopia in its efforts to ensure equitably distributed quality health services. It is the strong belief of WHO that the technical support provided has contributed significantly to the overall improvement of health care services in the country.

Despite the efforts to alleviate the long standing gaps during the year under review, the government was faced with major challenges, including limited access to health services; weakness in the generation, utilization and dissemination of evidence-based health information; low density of skilled human resource compounded by uneven distribution, high turn-over and poor skill-mix; inadequate financing of the health sector and weak coordination between federal and regional bodies. This called for the implementation of appropriate strategies and enhancement of concerted efforts by all stakeholders.

One of the supports provided that aimed at helping the health sector to be guided by comprehensive medium term plans in its response to the country's health problems, was the technical input provided during the review of the HSDP III and the development of HSDP IV and Strategic Plan for Multi-sectoral response to HIV II (SPM II). The WCO through active engagement and involvement in all Thematic Working Groups in different capacities made valuable contributions during the development of the United Nations Development Assistance Framework (UNDAF). Similarly, the WCO in line with its commitment to the UN principle of Delivering as One (DaO), has been working closely with other UN agencies in the implementation of the Joint Flagship Programs, including, Demographic Health Survey (DHS0, Maternal and neonatal health (MNH) and gender.

During the year under review, in WCO's technical support for HSS focused broadly on: capacity building, strategic information generation and utilization, analysis of the national health workforce, the establishment of a functioning National Blood Bank strengthening of the pharmaceutical sector and the promotion of health through the joint organization of international health events. In addition, the WCO provided technical assistance during the development of a national training manual on Patient Safety and facilitated 3 sessions of Training of Trainers (ToT) on Patient Safety.

In order to complement government priority attention to combat HIV/AIDS, Tuberculosis (TUB) and Malaria, the country office strongly focused on the provision of technical support for the development of strategic documents such as the SPMII, the M&E framework for TB & HIV, national IPPS reference manual, capacity building, implementation of proven control interventions like Community-Based TB/HIV Care (CBTC) and TB/HIV data management. Specifically for malaria, WHO participated in the Insecticide Efficacy study and in the development of various operational guidelines and proposals for setting-up malaria surveillance sentinel sites.

WCO also provided technical and financial support for the decentralization of the Leishmaniasis services to the health facility level. National and sub-national capacity to implement Leishmaniasis eradication program was boosted through training, undertaking of epidemiological studies and

operational research. In collaboration with health partners, sub-national health authorities and NGOs, the country office participated in a joint assessment of Acute Watery Disease (AWD) / the cholera/ interventions and the investigations of outbreaks of endemic diseases such as Malaria, Measles and Typhoid in different regions in the country.

In maternal, newborn, child and adolescent health care, WHO provided technical and financial support for capacity building, development of strategic documents such as the National Reproductive Health strategy, a family planning training manual, a newborn health training package and participated in the training workshops on gender mainstreaming. In addition, the country office provided technical support during the development of the Ethiopia MDG report for 2010.

As part of integrated health services delivery, the country office implemented a high quality national Measles Supplemental Immunization Activity (SIA) which offered an opportunity to integrate other child survival interventions such as administering polio vaccine, de-worming, vitamin A supplementation as well as nutritional screening in selected areas. This combination of activities resulted in a decrease in the number of unimmunized children in 2010 compared to the 2009 levels.

In the area of Non-Communicable Diseases (NCDs), WCO's support has been geared towards provision of technical support in the development of a national strategy document with indicators, a program of action on improving gaps in care and support to mental health - and training program for psychiatric nurses on prevention of road traffic related injuries and primary trauma care.

Regarding Integrated Disease Surveillance and Response (IDSR), WCO provided technical & financial support to Federal ministry of health (FMOH), the Food Medicines Health Service Administration and Control Authority (FMHACA) and the Regional health bureaus (RHBs) for the investigations, of disease outbreaks, the development of proposals for resource mobilization and IHR assessment, the development of a IHR Plan of Action as well as and IHR capacity through sensitizations and training seminars for health staff. Technical and financial support was also provided during the preparation and implementation of activities in the H1N1 vaccine deployment plan.

Other areas of public health interventions supported by the WCO included the provision of technical assistance for the preparation of the country report on the implementation of the Libreville Declaration and the development of strategic action plan for public health climate adaptation. On food safety and security, the office provided support which strategically focused on FMOH nutritional landscape analysis and strengthening of multi-sectoral and multiagency emergency nutrition coordinated by the Disaster Risk Management Food Security Section (DRMFSS).

Despite the efforts to alleviate the long standing gaps during the year under review, the government was faced with major challenges, including limited access to health services; weakness in the generation, utilization and dissemination of evidence-based health information; low density of skilled human resource compounded by uneven distribution, high turn-over and poor skill-mix; inadequate financing of the sector and weak coordination between federal and regional bodies. This called for the implementation of appropriate strategies and enhancement of concerted efforts by all stakeholders.

In the coming year, the WCO will continue its technical and financial support to the Government of Ethiopia to consolidate the progress made in 2010 and to accelerate the implementation of the HSDP IV as well as the attainment of the health-related MDGs by 2015.

CHAPTER ONE

POLICY DIALOGUE, GOVERNANCE AND COORDINATION



In the year 2010, Ethiopia developed its 5th year National Strategic Plan tagged the Growth and Transformation Plan (GTP) 2010/11-2015/16, which aspires to bring about record unprecedented economic growth and prosperity to the nation. The fourth Health Sector Development Plan (HSDP IV) was developed in alignment with the GTP. The year also witnessed the formal launching of the long prepared and awaited sector-wide reform called Business Process Re-engineering (BPR) which ushered in new functional and structural arrangements implemented at all levels.

So far, Ethiopia has demonstrated its commitment to the Paris Declaration and reaffirmed the significance of concerted partnerships. The country also took an important step in pioneering the signing of the national International health partnership (IHP) compact and later the Joint Financial Agreement. Though health policy review was not conducted, functioning mechanisms are in place for a joint development and review of the national health sector strategy and plans. The UN, an important partner, has also prepared the United Nations Development Assistance Framework (UNDAF) in alignment with the GTP.

Through participation in different coordination and governance mechanisms (JCCC, JCF, ARM, HPN), as well as policy dialogues, the WHO has continued to play a facilitation/brokering role so as to help improve coordination and collaboration. In addition, the office has advocated for greater interest in Neglected Tropical Diseases (NTDs), Non Communicable Diseases (NCDs) and Prevention of Mother to Child Transmission (PMTCT) and to the strengthening of quality health care services with focus on universal access to Primary Health care (PHC) in line with the Ouagadougou declaration. Moreover, generation of evidence for policy and planning purposes such as the evaluation of the Health Extension Program (HEP) and the TUB prevalence survey have also been important undertakings conducted in collaboration with UNICEF.



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ention of Leishmaniasis, during the
remony for his contribution, Addis
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With aims to strengthen support to the decentralized health system, the WCO regional presence has been improved through high level visits to the regions and participation in regional sector reviews and planning processes. This has been facilitated by the appointment of WHO Regional Focal persons which improved coordination between the various program staff. As a result, the office has been formally recognized and presented with award by the Oromia Regional Health Bureau, the region with the largest population.

WHO, in collaboration with other Health Population and Nutrition (HPN) partners, at different levels, contributed to the development process of the sector plan, using the Joint Assessment of National Strategies (JANS) tool that helped to critically review the whole plan. In addition, technical support was provided during the woreda (district) annual planning process as well as to the new structures and working modalities at the central level.

The United Nations Country Team (UNCT) is currently fully engaged in the Delivery as One (DAO) process as a “self- starter”. In doing so, there is a well-coordinated and co-managed mechanism put in place with a High Level Steering Committee (HLSC) that is co-chaired by the Minister of Finance and the Resident Coordinator that oversees the overall implementation of the United Nations Development Assistance Framework (UNDAF). WHO, as a member of the UNCT and the HLSC, contributed technically to the development of the (UNDAF through its involvement in all preparation structures in various capacities. It is also taking part in the implementation of several flagship joint programs such as HIV/AIDS, maternal and newborn health, nutrition and development capacities of regional states.

In order to foster better coordination of partners, the country office undertook a partners’ mapping exercise on behalf of the Health Population and Nutrition (HPN) group, focusing on geographic presence and thematic areas of work. Also as a secretary and a member, it has continued to play its critical role in the Country Coordination Mechanism (CCM-E). The office continued contributing to different Regional Coordination Mechanism (RCM) clusters and has started improving its collaboration with the African Union Commission (AUC), after the closure of the WHO Liaison Office to the Economic Commission for Africa (ECA) and the AUC.

Even though at a country level the International Health Partnership (IHP) Compact was signed two years ago, in August 2008, through a very participatory process, the progress in the implementation of the Paris Declaration in the sector remains slow. Another challenge faced by the office is related to the

extensive number of activities and events and the shortage of up-to-date information on key health determinants, limiting evidence for policy dialogue in some areas. Thus, it is paramount to continue working with partners and other stakeholders for greater harmonization and alignment as well as the generation of more evidence pertaining to both services and population.

CHAPTER TWO

HEALTH SYSTEMS STRENGTHENING



Edge centers in use, at Durame rural hospital, SNNPR, 2010

2.1 Health Systems and Services

The health policy of Ethiopia is based on the principle of equity with emphasis on the most vulnerable groups of the population. The Government has demonstrated its accountability to the country's health policy by implementing the strategic plan in line with the framework of health systems strengthening.

The World Health Organization has worked in support of the Government in strengthening health systems with aims to fulfilling its responsibility of promoting health and improving coordination and cooperation. To this end and in accordance with the national health sector's needs, focus has been given to the review and development of the (HSDPIV; organization and coordination of support in line with the decentralization policy of district level health systems and services, development of health workforce plan, implementation of compressive health information systems and the designing of appropriate health care financing strategies.

In line with these focus areas, therefore, WCO has provided technical support to the joint review of the implementation of the third Health Sector Plan and development of the fourth Strategic Plan of the country. Furthermore, with the intention to enhance health service organization and management in the decentralized systems in alignment with the principles of Primary Health Care (PHC) and health systems strengthening, technical and financial support were provided to

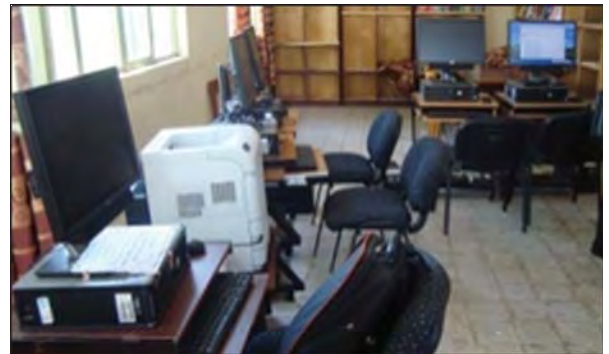
strengthen district Health Systems in Benishagul Gumuz, Afar, and Tigray Regional States.

Similarly, technical as well as financial support were provided to adapt the WHO Regional Office for Africa (WHO/AFRO) Integrated District Health Management Training Tools (modules) to the local context of the country's health system reforms and decentralization principles, and to undertake an on-going assessment of the implementation of the newly designed health information system, in terms of data management and reporting as well as ensuring data quality at the various reporting levels.

The Office also facilitated and supported the FMoH and Regional Health Bureaus (RHBS) in the development and operationalization of community health information systems (family folders) and its linkage with the health management information systems. It also provided support to conduct a national health workforce analysis in order to inform the implication of scaling up toward universal access for HIV/AIDS besides providing support (training facilities) for the training of key health workers at higher institutions.

In collaboration with the Global Health Workforce Alliance (GHWA), WCO supported the establishment of knowledge sharing centers in two rural district hospitals (Durame in Southern Nations, Nationalities and Peoples Regional State (SNNPR) and Bishoftu in Oromia Regional State) with aims to promote the 'Sharing of Knowledge to Create Change in Practice'. Additionally, in collaboration with partners, it supported the design and development of:

- a comprehensive National Health Information System Strategic Plan and its implementation framework,
- an Innovative New Medical Education Curriculum as well as its implementation plan; as part of the human resource development strategic plan for Ethiopia;
- an integrated comprehensive Multi-Year Plan, 2011-2014 (CMYP) for immunization and for the introduction of new vaccines, taking into consideration the overall health sector comprehensive national strategic plan of the country,
- a Hospital Patient Safety Pilot Program in four University Hospitals in Jimma, Hawassa, Mekelle and Gondar addressing Waste Care Management, Hand Hygiene, Surgical Safety Checklist and Medication Safety



Knowledge centers in use, at Durame rural district hospital, SNNPR, 2010

The Office has also coordinated research activities at sub-national levels in the country in collaboration with the Tigray Health Science and Research Institute. Moreover, through advocacy work of WHO's Patient Safety Unit, patient safety has been included in the Health Sector Development Plan (HSDP IV).

The WHO recognizes challenges that the FMOH has faced in achieving sizable access and coverage of priority health services for the population. Though achieving MDG 5 remains a top priority agenda, major challenges are the low per capita ratio of skilled human resources, compounded by the

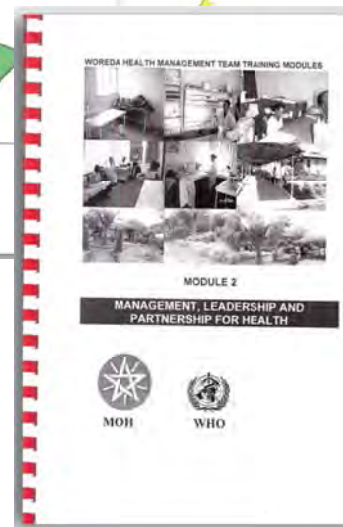
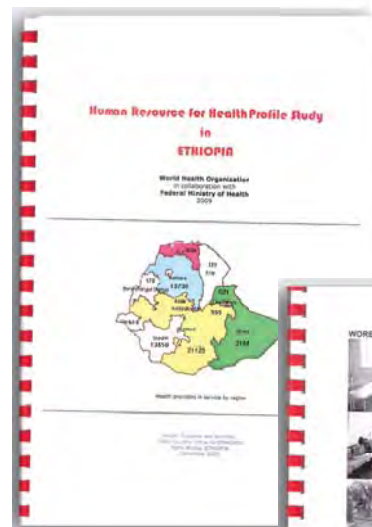
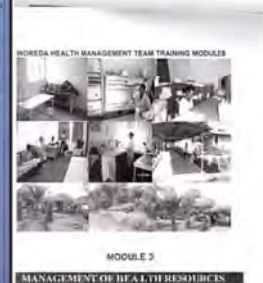
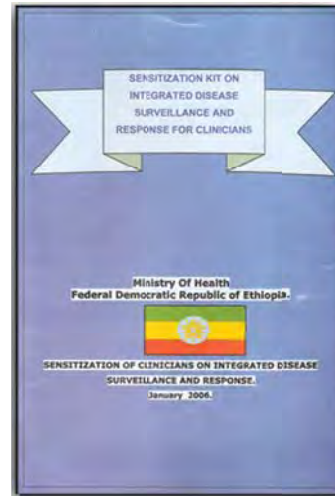
problem of distribution and skill-mix and the financing of the sector.

Therefore, as a way forward, the WHO

Country Office is dedicated to enhancing its support focusing on priority health needs and key gaps of the country health systems and services.

In this regard, the following areas have been identified for future support:

- Strengthening leadership and management capacity to enhance governance quality, both at strategic and operational levels of the district health system,
- Strengthening national capacity to ensure access to and utilization of well-chosen, well-organized and well-implemented health services, that put people at the center,
- Providing technical and financial support to improve the health workforce policy and planning through generation of evidence with aims to have a well-managed, skilled and motivated health workforce in place. This is in addition to supporting the efforts to ensure the availability of and access to quality essential drugs, medicines and technologies that help deliver effective health services,
- Providing support to enhance the availability of timely and reliable information at all levels of the health system. This is mainly through supporting the design, evaluation and implementation of integrated health information systems, including community health information systems,



Facilitator guide
Modules 1 to 4

- Enhancing efforts to develop strategies for health system financing, including the design and implementation of social health insurances, so as to ensure the development of equitable, efficient and sustainable national health financing to achieve national health goals, and
- As an active member of the Infection Prevention and Patient Safety thematic working group (TWG) provide support in the regular meetings held once every month, on average.

2.2 Essential Drugs and Medicines Policy

Pharmaceutical service is one of the components of the Health Sector Development Program (HSDP) of Ethiopia and improving the medicine regulatory system and the pharmaceutical supply and services are major strategic objectives. Similarly, WHO's vision as related to medicines is that people everywhere have access to essential medicines; that the medicines are safe, effective and of good quality and that the medicines are prescribed and used rationally.

WHO's Essential Drugs and Medicines policy (EDM) area of work in Ethiopia contributes to the fulfilment of its vision at a country level through the implementation of the WHO medicines strategy and by creating a linkage between HSDP and WHO's aspirations. Thus, in close collaboration with the FMOH and other partners WHO facilitates work to identify needs and priorities and to plan, implement and monitor actions in the pharmaceutical sector including traditional medicine.

During the reporting year, the Essential Drugs and Medicines Program unit of the WCO facilitated major achievements in the area by providing the following technical and financial supports at different levels:

- Supported the training of 50 technical personnel in Goods Inspection Practices, with aims to strengthen the capacity of the National Drug Regulatory Authority (NDRA) and improve the quality of locally manufactured medicines,
- Undertook a national assessment of the pharmaceutical sector in collaboration with Regional Health Bureaus and the Food, Medicine and Healthcare Administration and Control Authority of Ethiopia (FMHACA) in order to assess the situation of the pharmaceutical sector in terms of ensuring access, quality and proper use of medicines in the country,
- A national assessment of the human resource for the pharmaceutical sector was conducted in collaboration with all regional Health Bureaus and FMHACA, in order to determine the status of the pharmaceutical work force in the country in terms of training, deployment, utilization and motivation,
- Supported the Pharmaceutical Fund and Supply Agency (PFSA) for the training of 247 health personnel drawn from health centers, hospitals, PFSA branches and Regional Health Bureaus located in seven regions of the country, that aimed at improving the rational use of medicines, and
- Undertook an in depth assessment of the safety and efficacy of traditional medicines used for asthma, diabetes and hypertension, as a follow up of the financial and technical support given to the Drug Research Department of the Ethiopian Health and Nutrition Research Institute (EHNRI) for operational research on traditional medicine.

One major challenge of the EDM program is the absence of one specific government organization that oversees the overall pharmaceutical policy issues has been a big impediment in pursuing policy issues; updating and availing pharmaceutical policy documents.

Nevertheless, the country support will focus on strengthening the national medicine control system and the medicines supply system as well as supporting operational research on traditional medicine. Special emphasis will be given to improving weaknesses identified by the two national assessments conducted in 2010 and enhancing and building on existing strengths. Moreover, WHO will advocate for the creation of ownership of pharmaceutical policy issues and provide support for the updating of the drug policy, the development of an implementation plan (master plan) as well as its subsequent implementation.

2.3 Blood Safety

Blood transfusion services in Ethiopia have for the past 35 years been provided by the Ethiopian Red Cross Society (ERCS) through its 12 blood banks. A total of 40,510 blood units were collected in 2010 of which 72% were from family replacement blood donors.

Access to a safe blood supply remains inequitable with 70% distributed and used in Addis Ababa alone. Furthermore, only 52% of the hospitals can access the ERCS blood supply. The rest usually organize their own blood sourcing mechanisms that compromise the quality of the blood.

In line with its country cooperation strategy, WHO provides technical assistance and support to the FMOH in the establishment of an efficient and sustainable national blood transfusion service that can ensure the quality, safety and adequacy of blood and blood products in order to meet the needs of all patients requiring transfusion as part of their treatment in Ethiopia.

In addition, technical assistance was provided to strengthen and expand a stable base of regular voluntary non-remunerated blood donors through impenhanced mobilization of the community, improved mechanisms of communication at the societal interface, cost-effective quality testing and processing of blood products as well as reduction in unnecessary transfusion through the promotion of appropriate and judicious use of blood and blood products at the clinical interface. Throughout 2010, therefore, the general focus of efforts was to revert the service provision to the FMOH from the ERCS which had been providing the service for over 35 years. In light of this, the following were the key achievements:

Organizing the National Blood Transfusion Service

In organizing the National Blood Transfusion Service, WHO:

- Supported the development of the concept note for the establishment of blood transfusion services under the FMOH and RHBs that includes the transition strategy and the plan to operationalize the strategy,
- Conducted consultative missions to 7 of the regions regarding the establishment of blood transfusion services in these respective regions,

- Developed an organogram for the blood transfusion service as well as job descriptions for staff to fill the organogram developed. (These are currently at the Prime Minister's office for clearance before the Ministry of Civil Service can adopt it for the FMOH to implement),
- Developed drafts as part of the revision of the National Policy/strategy on Blood Safety as well as the next generation of the strategic plan. (These documents are due for completion),
- Through advocacy work by WHO, Blood Transfusion Services have been included in the Health Sector Development Plan (HSDP IV).

Supporting Planning, Monitoring and Evaluation

- WHO is an active member of the Blood Safety TWG that meets regularly With the technical and financial support from WHO, and in partnership with HHS/USG, CDC Atlanta and CDC Ethiopia country office, an annual review and planning meeting was conducted where all FMOH departments, heads of the RHBs, core process owners, directors of major hospitals, ERCS branch secretaries and regional blood bank directors participated.
- Regular supportive supervision by WHO staff and partners was conducted in at least 75% of the regional blood banks and several major hospitals.
- WHO supported the development of the blood safety national and regional technical annual operational plans.

Capacity Building

In building capacities and enhancing skills, WCO provided technical and financial support for the:

- training of a total of 73 doctors and nurses on appropriate clinical blood usage as well as its safe administration to patients,
- training of community on donor mobilization targeting opinion and other community leaders,
- training of ERCS staff on quality principles and the use of standard operating procedures , and
- mentorship and onsite training to 8 of the 12 regional blood banks.

In terms of strengthening quality management and other technical areas in the blood transfusion service:

- A quality manual for blood safety has been developed and together with Standard Operating Procedures (SOPs) and other ERCS, quality corporate documents will be transferred to the FMOH and
- Supported the establishment of mobile blood collection teams to enhance voluntary blood collection.

However, in the implementation of the action plans the following were the challenges:

- Delays in the

- adoption of the organogram and structure which delayed the recruitment of core technical teams which in turn will delay initiation of activities both at national and regional levels,
- procurement of critical supplies, equipment and vehicles, and
- completion of construction of the regional blood banks.
- Failure to focus on scale up of the services by stakeholders.

Way Forward

As a way forward, the office plans to ensure due focus on scaling up of the blood transfusion services, advocate for the adoption of the organogram and completion of the construction of the blood bank, recruit temporary technical staff for the national blood transfusion service and advocate for the expediting of procurement by the Pharmaceuticals Fund and Supply Agency (PFSA).

2.4 Health Promotion

In Ethiopia, health promotion activities aim at strengthening the capacity of FMOH and RHBs in order to coordinate the development and implementation of effective health promotion across all programs. It also intends to enhance the capabilities of individuals to take action and communities to act collectively to exert control over the determinants of health and achieve positive change. In the area of health promotion, the WCO's objectives are to provide support to strengthen the health promotion capacity of FMOH and RHBs to support the national focal organization in advocating for the ratification of the WHO Framework Convention on the Control of Tobacco (FCCT), revision of the relevant laws related to tobacco control and the development of a plan of action for the implementation of tobacco control measures and liaising and network with partners and other stakeholders for a coordinated and streamlined support to the FMOH.

In light of this, WCO has achieved the following in the areas of:

Capacity building:

- Working with WHO/AFRO, the Office supported the FMOH to conduct a Health Promotion Planning and Training Workshop that was attended by 31 health promotion and communications officers from eight RHBs and the FMOH. The training workshop, the first of its kind in the country, aimed at enhancing the capacity of participants in planning health promotion activities,
- Supported the FMOH develop Integrated Refresher Training (IRT) Communication Modules, for Health Extension Workers (HEWs) in the country. The use of communications modules by HEWs are intended to improve their communication skills which in turn will enable them to perform better in their social mobilization and promotion of health thus contributing to increased utilization of primary health care services



- Initiated the process of developing a Quick Media Guide to enhance the capacity of local journalists by providing them with quick and simple information and facts on the health priorities of the country,
- Provided technical support to Tigray Regional Health Bureau for the field testing of Information, Education and Communication (IEC) materials prepared for the prevention and control of Leishmaniasis and
- Provided technical support to the FMOH for the documentation of best practices in health. The objective of the exercise was to identify, collect and collate, and develop a material which will in particular be used for scaling up of best practices in the HEP. The WCO deployed its staff member and hired a consultant to support the initiative of documenting best practices in the four major regions in the country: Tigray, Amhara, Oromia and SNNPR Regions



A Health Extension Worker displaying demonstration models made up of locally available materials (carton boards) for use in promotion of house management and sanitation.



- Published and shared “Tenachin” (WCO Ethiopia News Bulletin) that focused mainly on commemoration of events such as the World Health Day, World Blood Donors Day, World No Tobacco Day, etc.

Promotional campaigns and advocacy

In collaboration with partners and FMOH, WHO provided technical and financial support in the organization of various events, including, the celebration of World Health Day; World No Tobacco Day, World Mental Health Day, World Peace Day, and Safe Motherhood Day. IEC materials were

also developed and distributed besides the financial support provided for mass media and community mobilization activities.

Additionally, for the scaling up campaign of the Intra-Uterine Contraceptive Device (IUCD), a social mobilization guide was developed and shared with the FMOH. The guide was finalized and is available for distribution to Regional Health Bureaus.

Throughout these activities the main challenge faced was the inadequate allocation of funds for agreed health promotion and planning activities by Regional Health Bureaus.

Way Forward

The office plans to:

- identify priority health promotion activities,
- enhance resource mobilization and
- strengthening of partnership with NGOs and Media so as to support the implementation of activities that are faced with lack of resources.



CHAPTER THREE

HIV/AIDS, TUBERCULOSIS AND MALARIA PREVENTION AND CONTROL

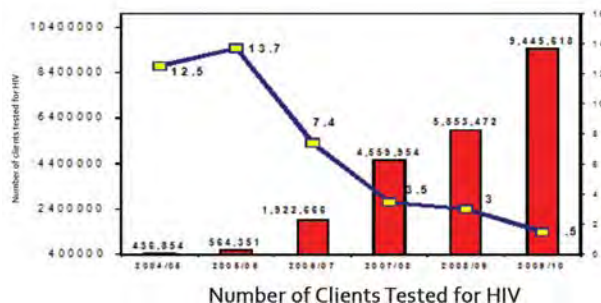


The objective of the HIV/AIDS, Tuberculosis & Malaria (ATM) Cluster is to contribute to the reduction of disease burdens due to HIV/AIDS, Tuberculosis (TB) & Malaria in the country through the provision of normative guidance and technical support so as to ensure universal access to cost-effective interventions. To this effect, WHO provides technical support to the FMoH in the development of policies, national strategic plans, normative guidelines; in the standardization of implementation tools and training manuals; monitoring of the disease burden trends and of the plans to scale up HIV/AIDS, TB and Malaria prevention, treatment, care and support services. WHO supported the RHBs to effectively implement evidence based interventions within the context of primary health care. Support was also provided for the coordination and strengthening of partnerships and resource mobilization for the fight against HIV/AIDS, TB, and Malaria.

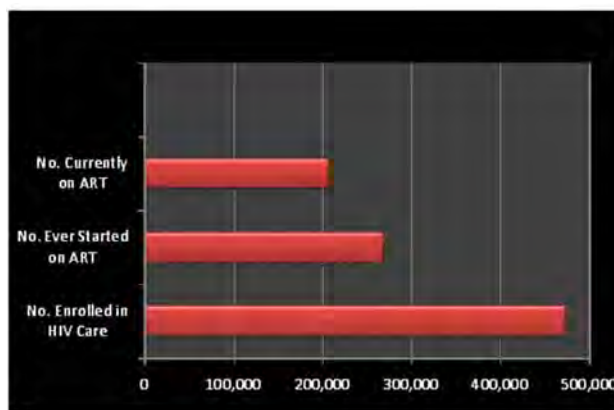
3.1 HIV/AIDS Prevention and Control

WCO, in collaboration with development partners, has contributed to the significant progress made in scaling up of comprehensive HIV prevention, care and treatment services in the country. The current figures are presented on graphs below: Towards this end, WHO has provided technical and financial support to the:

- FMOH/FHAPCO to develop the HSDP IV, SPM II 2010 – 2014, SMP II road map, Monitoring & Evaluation (M&E) framework and national IPPS reference manual,
- FMOH & RHBs (except Afar RHB) to build the capacity of over 2,500 health workers through in-service & pre-service trainings. These trainings were particularly organized for HIV related services expansion in regions and included comprehensive HIV care/ART (both 1st& 2nd levels); Sexually Transmitted Infection (STI), PMTCT, HIV Drug Resistance, clinical mentoring and district coordination & management,



- FMOH & RHBs to conduct joint supportive supervision of staff of health facilities at all levels to; improve the quality of comprehensive HIV prevention, treatment and care service deliveries in the country. In this context, more than two successful rounds of joint supportive supervisory visits each were carried out in Addis Ababa, Oromiya, Tigray, Somali, Harari regions.



- FMOH/EHNRI/FHAPCO (ongoing) in areas of generation and utilization of strategic information, protocol development, data collection, data analysis and report writing for HIV Drug Resistance & Antenatal care (ANC) surveillances.

Support for operations research was also provided in the Somali region to address the issue of very low HIV care and treatment services in the region. A qualitative assessment entitled “Understanding Barriers to Utilization of Health Facility-Based HIV/AIDS Services in Somali region” was also conducted and the findings of the assessment were disseminated to the RHB and relevant partners in the region.

In order to strengthen the partnerships and coordination in HIV/AIDS control, WHO worked continuously with relevant partners within the UN as well as other agencies. These include the Joint UN program on HIV/AIDS, HIV/AIDS Development Partners’ Forum, and the United States Government (USGO Partners’

Forum), and other stakeholders. Technical support was also provided to the RHBs to strengthen partners' coordination.

The WCO/HIV Unit's technical and financial support to FMOH and RHBs were made possible through funds received from multiple sources namely, the US Government (PEPFAR – USAID/CDC), the Government of Spain, Bill & Melinda Gates Foundation and the WCO's regular budget.

3.2 Malaria Prevention and Control

WCO's supports to the malaria prevention and control efforts of the country revolve around capacity building, supporting operational research, monitoring and evaluation.

In 2010, WCO Malaria Unit provided technical support and facilitated the training of 168 health professionals on comprehensive malaria program management, 12 health workers on malaria operational researches and practical entomological monitoring, and 21 health professionals including clinicians and laboratory technicians on anti- malaria drug efficacy testing.

It also provided technical support during the development of the following proposals for resource mobilization :

- Global Fund (GF) Round 10 malaria
- Malaria surveillance, insecticide resistance studies and malaria program review proposals submitted to USAID/Ethiopia for funding

WCO also technically contributed to the development and finalization of the following guidelines:

- Malaria Diagnosis and Treatment Guideline,
- Malaria Epidemic Preparedness and Response Guideline,
- Malaria Vector Control Guideline and
- Malaria Elimination (draft) Guideline.

Operational Research, Monitoring and Evaluation

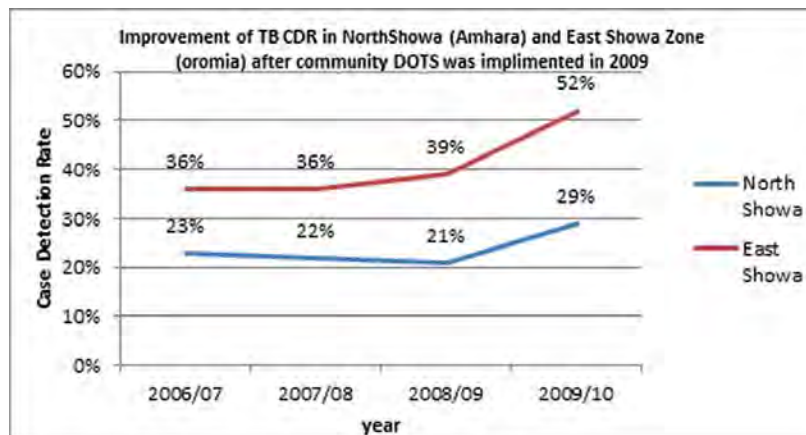
In these areas, WCO:

- led and coordinated insecticide efficacy studies in order to monitor insecticide resistance in nine sites in three regional states, namely, Amhara, SNNPR and Tigray,
- in collaboration with WHO Inter-country Support Team for East and Southern Africa (IST/ESA) and WHO/HQ, developed and submitted a proposal for the setting up of malaria surveillance sentinel sites,
- conducted integrated joint rapid malaria situation assessments and supportive supervisory visits in Gambella, SNNPR, Beneshangul-Gumuz and Tigray regions. Several districts and health facilities in these regions were visited, and
- participated and supported the FMOH in malaria data collection, data entry and cleaning, data validation, collation and transmission to WHO/HQ for the

3.3 TB Prevention and Control

WCO effectively contributes to the TB prevention and control efforts of the country through capacity building and the provision of technical and financial support. In the reporting year, the Office has witnessed:

- Improved TB partners' coordination through the establishment and inauguration of STOP TB partnership at central and regional levels,
- Implementation of community TB caregivers in 6 selected zones of Amhara and Oromia regions and increased case findings and treatment outcomes.
- Increased proportion of HIV positive clients screened for TB from 47% in 2006/07 to 79% in 2009/10,
- Increased proportion of TB patient screened for HIV from 16% in 2006/07 to 45% in 2009/10.
- Improved program management, lab, and services such as: Directly Observed Therapy (DOT), Multi-Drug Resistant (MDR-TUB) and TUB/HIV collaborative services through capacity building and technical support and assistance during implementation,
- Enhanced healthcare providers' performance through joint supportive supervision and monitoring,



- Improved data management through the review & development of new data, tools, training, data cleaning and validation,
- Initiation and take-off of TB prevalence survey, and
- Review of the National TB Program conducted in December 2010.

The program implementation faced some challenges related to scaling up of ATM interventions as well as other activities. These were:

In general :

- shortage of trained human resource and high turnover of staff, particularly at peripheral/rural PHC facility level,
- delay in the full implementation of HMIS in some of the big regions, and
- unavailability of some key indicators in the current HMIS malaria list of indicators.

HIV specific challenges included:

- very low service coverage and uptake of PMTCT program (8%) that requires adequate attention,
- progressively increasing (23% from those on ART) proportion of patients lost during follow-up from HIV care/ART services and the potential for the emergence of HIV drug resistance,
- Weak national Sexually Transmitted Infections (STI) control , and
- Weak referral linkages require critical attention.

TB specific challenges included:

- weak routine surveillance for identifying and detecting MDR-TB,
- limited capacity of the FMOH to manage second line drugs,
- limited number of treatment facilities with adequate standard to manage MDR TB cases , and
- shortage of funds to scale up CBTC nation-wide

Malaria specific challenges include:

- emergency of vector resistance to some of the cheaper insecticides with long residual life that might pose complications to vector control efforts,
- poor procurement and supply management system (PSM) which resulted in wide spread stock out of Coartem and other anti-malaria drugs in significant number of health facilities, and
- limited availability of financial resource at WCO that might limit the level of support WCO can give to the FMOH.



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In 2011-2012 the WCO ATM cluster will continue to support:

- national efforts to ensure availability of trained human resources to scale up evidence-based and cost effective HIV, TB and malaria interventions;
- assessment of the impact of training activities on site expansion and quality of services;
- assessment of the availability and use of national guidelines; strengthen routine surveillance
- strengthening of routine surveillance and strategic information (including in areas of drug resistance and incorporation of key indicators in the HMIS) and
- mobilization of resources that are necessary to sustain national scale up efforts towards universal access.

More specifically, in the area of HIV/AIDS, advocacy for adoption of the 2010 WHO PMTCT & ART guidelines will be carried out; support will be provided towards national efforts to strengthen the health sector contribution to HIV prevention namely, increasing PMTCT uptake, sustaining treatment and care scale up efforts, addressing the challenges related to poor adherence to treatment, patient retention and ART cohort reporting system and strengthening referral linkage across all HIV patient care service deliveries in health facilities.

In the area of TB prevention and control, support will be provided to the FMoH to: include MDR TB indicators in the HMIS, scale up ambulatory treatment in order to avail the treatment for a larger number of patients, build the capacity of the FMoH staff to manage second line drugs and mobilize additional funding to scale up CBTC country- wide.

For malaria control, the WCO will intensify the establishment and strengthening of malaria surveillance sentinel sites to close some of the gaps related to malaria data until such time that the HMIS is fully functional; support and establish nationally representative malaria entomology monitoring sentinel sites, support insecticide resistance studies annually to make informed selection of insecticides and conduct operational researches to generate data for evidence-based decisions.

CHAPTER FOUR

DISEASE PREVENTION AND CONTROL



4.1 Non- Communicable Diseases (NCD) and Disability Prevention and Rehabilitation

The main objective of the programs under Non-Communicable Diseases (NCD), Mental Health, Disability and Injury Prevention and Rehabilitation is to build the capacity of the FMoH and RHBs on prevention and control of Non-Communicable diseases, including mental health, injury prevention and rehabilitation through provision of technical supports.

The main achievements of the NCD Unit were:

- Development and endorsement of a national strategy on prevention and control of chronic non-communicable diseases.
- Development of a program of action on mental health gap (mhGAP) for Ethiopia, contributing to scaling up of the services and

4.2 Emergencies and Humanitarian Action (EHA)

Much of the population of Ethiopia is consistently affected by recurrent disasters or crises. The impact of natural disasters like flood, drought and human epidemics namely AWD, Malaria and Measles, besides the physical damages, have led to widespread health vulnerabilities in diverse population categories, significantly affecting the health of the population and continuity of health service provision. Moreover, conflicts (leading to Internally Displaced People, cross-border tensions and increasing number of refugees) and massive population movements of daily labourers have greatly contributed to the increased vulnerability of various segments of the population to risks of communicable diseases including Meningitis, Malaria and diarrhoeal diseases.

The WHO Emergency and Humanitarian Action (WHO/EHA) actively monitored these immediate challenges and worked closely with the government and partners to reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimizing their social and economic impacts. EHA focused on the assessment of health vulnerabilities and risks, identification of gaps, development of plans to fill gaps and capacity building for effective and timely response operations. In addition, EHA focused on public health emergency preparedness measures and built the capacity of the health system at all levels in order to minimize the public health impact of major disasters and public health emergencies.

Moreover, as WHO is the health cluster lead, EHA played an active role in coordinating the efforts of health partners through task forces/forums, information exchange and advocacy with the government at Federal and Regional levels.

During the reporting year, the Office has conducted the following EHA-related activities resulting in noticeable achievements.

It provided support:

- to strengthen multi-sectoral coordination in flood and outbreak interventions through information sharing, facilitation and coordination forums/meetings, leading health needs assessment and development of response strategies and tools;
- for joint planning and monitoring activities by recruiting professionals for five regions for the assessment of the AWD/cholera interventions and to investigate Malaria, Measles and Typhoid outbreaks in affected regions
- for responses to:
flood disaster in Somali, SNNPR, Oromiya, Afar and Amhara regional states; epidemic disease response mainly to AWD/cholera and Measles epidemics in SNNPR and Oromiya, and
- meningococcal meningitis in SNNPR and Typhoid in Somali regions.



Severe AWD case admitted
to CDC, 2010

- gap filling in emergency preparedness and response activities through provision of 30 emergency health kits and procurement and allocation of drugs and medical supplies worth USD300,000.00

- for the assessment and surveillance activities conducted in 5 regions and provided operational cost for management of Public Health Emergencies (PHEs), and
- for the emergency health needs assessment and preparation of the Humanitarian Requirement Document (HRD) twice a year.

The Office also developed and/or revised the Emergency Preparedness and Response Plans at regional and national levels for major public health emergencies in all regions. It also:

- successfully mobilized resources from Central Emergency Relief Fund (CERF) to maintain and enhance the current programs;
- conducted rapid assessments during AWD/cholera outbreak and flood emergency to identify risk factors (in different zones of Oromiya, Amhara, Afar and SNNP Region); and
- trained health staff (close to 400) in 5 regions on PHE preparedness, surveillance and response activities focusing on major epidemics.

Partnership with NGOs

The foundation to this partnership was the establishment of the Health Partners' Forum that is coordinated by WHO as the cluster lead. The aim is to develop/define strategies to improve/strengthen health partners' support to the Ethiopian Government - FMOH/RHBs in preventing and controlling health and nutrition emergencies, through well-coordinated partners' support and actions at national level.

Therefore, WHO worked closely with MSF Belgium and Greece, GOAL, MERLIN and APDA in the following areas:

- Cholera/AWD case detection and management training and setting up of standard Cholera Treatment and Control (CTC) in Oromiya Region,
- Advocacy meeting with Oromiya RHB resulting in allowing MSF to support cholera/AWD and nutrition responses in the area, information sharing and consensus on standards of assistance,
- Shared plans and resources (provision of diarrheal disease kits by WHO and provision of cholera rapid test kits by MSF Belgium) for the cholera/AWD intervention in Oromia, Gambella and Amhara.

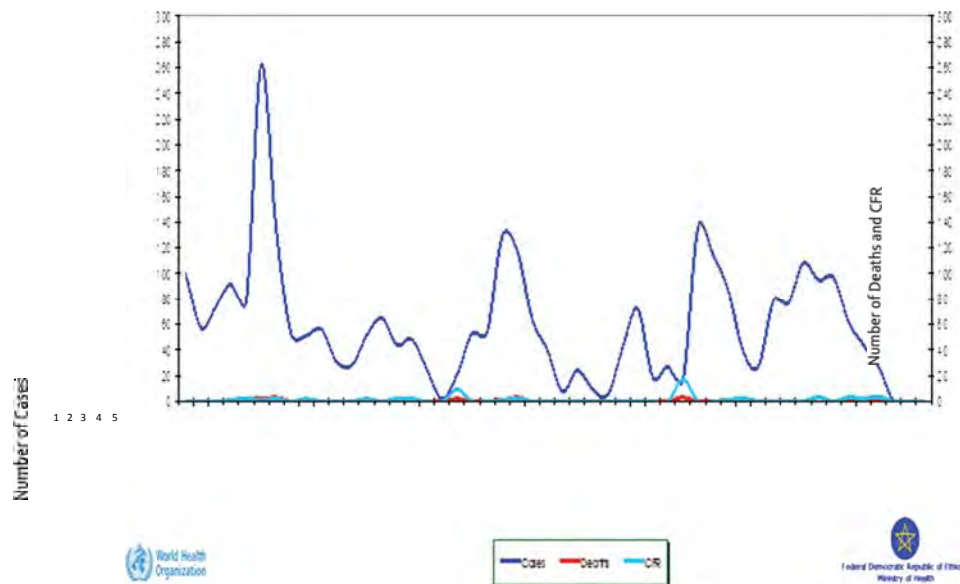
access to information and weak surveillance performance posed some challenges for effective management of the above public health emergencies.

Other challenges were: weak coordination forums at Federal and Regional levels for monitoring of resources and harmonization of preparedness and response efforts; and the short life of funds (CERF/HRF) mobilized for EHA activities hampering the sustainability of recorded successes.

However, as a way forward the Office will continue supporting efforts to:

- build capacity for PHEM sector focusing on providing support at regional level,
- improve effective coordination and partnership with stakeholders,

- enhance timely and transparent information sharing on humanitarian
- enhance monitoring of EHA activities at Regional and Woreda levels,
- mobilise resources to address health needs in emergencies,
- advocate on behalf of NGO partners to support humanitarian responses in regions where access is difficult or denied, and encourage and advocate for regular discussions with health authorities at federal and regional levels on strategic priorities for emergency preparedness and response.



4.3 Dracunculiasis Eradication

In 1993, a national guinea worm active case search was conducted in the high risk areas and 6 woredas from Gambella Region and one woreda from South Omo Zone of SNNPR were found to be endemic. After establishing the endemicity of Dracunculiasis, interventions were quickly put in place in all identified 99 endemic localities of the 7 woredas. The interventions include; case detection (surveillance) and management, training of health staff members on the prevention of Dracunculiasis, providing health education to the community, distributing monofilament cloth filters and monthly chemical treatment of contaminated ponds with the larvicide called Abate® (Temephos).

Since then, the number of reported cases has declined steadily. A total of 3473 cases were reported since the inception of the program to the end of 2010. Indigenous transmission has been interrupted from

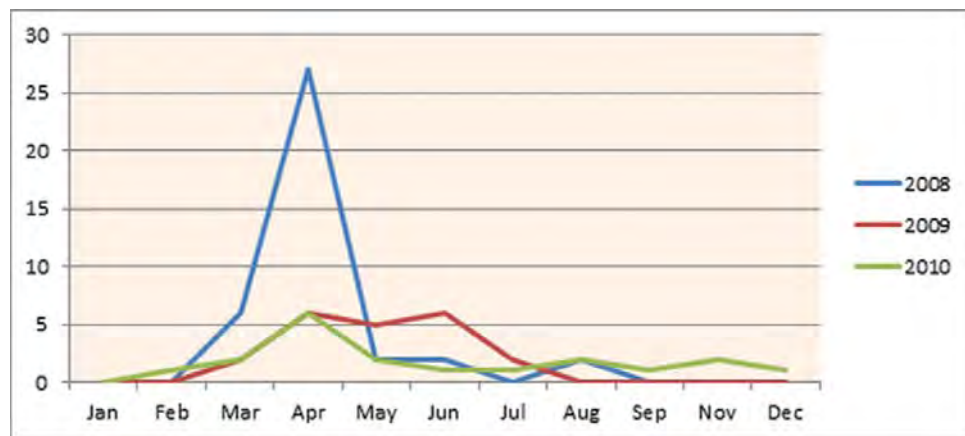
South Omo since 2001 but the transmission still continues in Gambella Region.

By the year 2009, a total of 24 cases were reported from Gambella Region. During this same period, there was no case reported from Nyangatom woreda of South Omo. In 2010, a total of 21 guinea worm cases were reported from the affected parts of the country (a reduction by 14% compared with 2009) that is, 20 cases were reported from Gambella Region and one imported case from South Omo Zone of SNNPR. Currently, there is one endemic woreda in Gambella Region and all efforts are underway by the Carter Center to interrupt the transmission of guinea worm disease.

Since the commencement of the program, the WHO has been engaged in providing technical, logistical and financial support. As the disease is approaching elimination from the country, WHO shall continue supporting the country in disease surveillance and mobilization activities. In the reporting year, therefore, a number of activities in the areas of surveillance, capacity building and awareness creation through community mobilization were conducted.

Surveillance

From February to end of December 2010, a total of 20 GWD cases were detected & reported from Gambella Region (Gog Woreda) and one cross-border imported case from SNNPR. 12 cases were from female patients while the remaining 9 cases were from male patients. All except two cases were contained (90% case containment rate). The transmission period recorded in 2010 is different from the previous years. In previous years, cases started to be detected and reported from the end of March to end of August. However, in 2010, cases were detected and reported starting in early February 2010, to the end of December on a monthly basis. The change could be due to strong surveillance carried out in the endemic woreda. A team comprising of staff members from FMoH, Zonal health desk and WHO travelled to investigate the one case reported from Nyangatom woreda of South Omo Zone. After thorough investigation including travel history, it was concluded that it was a case imported from South Sudan.



Trend of guinea worm cases reported in the last 3 years, 2008 to 2010, Gambella region

A team comprising of staff members from MoH, Zonal health desk and WHO travelled to investigate the one case reported from Nyangatom woreda of South Omo Zone. After thorough investigation including travel history, it was concluded that it was a case imported from South Sudan.

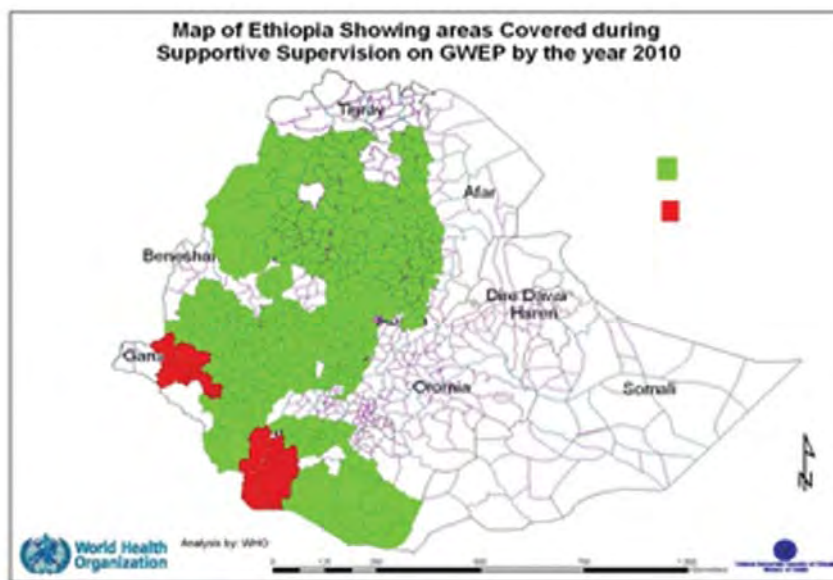


A team investigating a GW case reported from Lorenkacho village, Nyangatom Woreda, SNNPR, July 2010

At the same time, PHEM, in collaboration with WHO, has conducted active case search in Nyangatom woreda, to assess guinea worm status and to verify absence of additional guinea worm cases. A total of 754 household members from 52 villages were interviewed and the result indicated;

743 (98.5%) have knowledge about GWD, 363

(48%) use pond as source of drinking water, 357 (47%) use river as source of drinking. The absence of GWD case from family members in the previous 12 months of the study was confirmed and 13 people responded as having seen GWD infected persons in the last 12 months prior to the study.



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Supportive supervision was also carried out in 28 zones from 5 regions and the status of ongoing surveillance was assessed. The visited zones include; ten zones from Amhara Region, eight zones each from SNNPR and Oromiya Regions and one zone each from Tigray and Benshangul – Gumuz Regions. During the supervisory visit, a brief orientation on the major eradication activities was provided and discussions were held with respective surveillance officers on how to strengthen guinea worm disease surveillance. Weekly disease surveillance reporting formats were also checked and commented.

Community Mobilization

With aims to increase community awareness on guinea worm eradication activities, different approaches were used to reach the broad public with the message. Mass media such as national and local radio were used to transmit important messages using four languages for 4 months (February to June 2010). Additionally, 90,000 brochures and 15,000 posters were printed and distributed nationwide, and bill boards were printed and posted in former endemic woredas of Gambella region. In addition, mobile van from FMOH was used to enhance awareness of the community in Gambella, South Omo and neighbouring zones and more than one million people benefited from this activity.

Capacity Building

With aims to improve ongoing WGD surveillance, number of training programs were provided to different health staff in the endemic regions. These trainings on GWD surveillance were carried out in Oromiya, SNNPR and Gambella Regions. The trainees include; all Zonal Health Department heads, HPDP & PHEM focal persons in Oromiya region and Zonal and woreda heads, HPDP and PHEM focal persons, from Kefa, Sheka, Bench Maji and South Omo zones of SNNPR. In Gambella region, woreda heads and HPDP focal persons and HEWs attended the training that was conducted in the respective woredas. A total of 515 health staff members attended the training which aimed at improving the ongoing guinea worm disease surveillance. The activities reporting year. The delays encountered in establishing community based surveillance in former endemic & risk zones, failure to regularly submit weekly disease surveillance reports, shortage of weekly report formats at health facility and woreda health offices and low participation of HEWs on the on-going GWD surveillance were some of the challenges.



Billboard installation for the promotion of awareness on guinea worm control in Gambella, February 2010



Training on Control of Guinea Worm cascaded to different zones in Gambella regional State November, 2010

Way Forward

In the coming year, the program plans to:

- Establish community based GWD surveillance in former endemic & risk zones,
- Support the printing and distribution of weekly reporting formats nationwide in order to improve generation of the weekly disease surveillance reports from all woredas,
- Familiarize the standard operating procedures on GWD surveillance nationwide and
- Increase community awareness on GWD and popularize the cash reward.

4.4 Leishmaniasis Control

Leishmaniasis is one of the Neglected Tropical Diseases affecting the most poor and remote segments of the population. It is a parasitic disease transmitted by sand flies. The disease has cutaneous and visceral forms; the visceral one is fatal without treatment. Ethiopia is one of the 98 Leishmaniasis endemic countries in the world with an annual estimated incidence of 4000 visceral Leishmaniasis (VL) cases in the low lands and remote parts of the country. The World Health Organization is providing both technical and financial support to the National Leishmaniasis Control Program.

The support is targeted at reducing disease burden (through early case management, capacity building, availing diagnostics and drugs), determining the magnitude and burden of Leishmaniasis and monitoring and evaluation of Leishmaniasis in the country. In light of this, the Program has engaged in different activities that include supporting Leishmaniasis services in the country, disease mapping and research and continuous capacity building.

Decentralized and Integrated Visceral services

The Leishmaniasis services in the country have been decentralized to low health facility levels through strong the support of WHO to the endemic regions. These were through donations of Leishmaniasis supplies and vehicles, capacity building (institutional and human resource) and deploying Leishmaniasis outreach team (out sourced to local NGOs) to improve public awareness, early case management and active Leishmaniasis surveillance in the community.

Disease mapping and operational researches

Understanding the burden and distribution of Leishmaniasis in Ethiopia is of paramount

importance for the control of the disease as it has been prioritized by the FMOH. WHO is therefore supporting the mapping of Leishmaniasis disease in addition to the entomological and environmental aspects by out sourcing to national institutes. The efforts being carried out by the Armauer Hansen Research Institute (AHRI) on the cutaneous Leishmaniasis is more advanced.

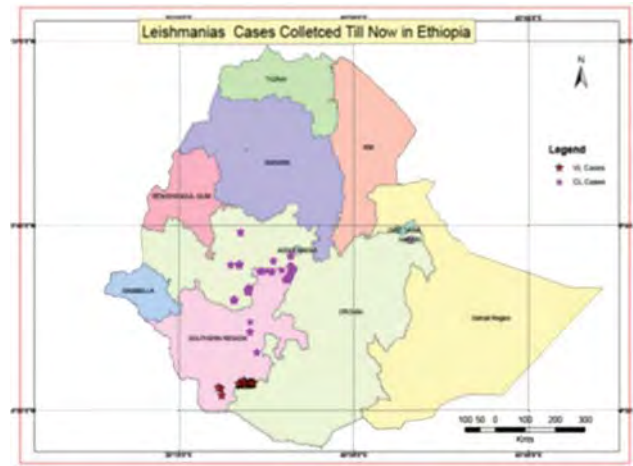
WHO is also conducting operational researches and epidemiological studies in Leishmaniasis endemic areas: Risk Factor Study in Humera/Tigray and Epidemiological Assessment in Gode/Somali Regions. These efforts will

help the proper planning and setting of recommendations for the control of Leishmaniasis in Ethiopia.

Improving Leishmaniasis surveillance system

The surveillance of Leishmaniasis uses both passive and active surveillance systems in the most VL endemic regions of Ethiopia. The availability of improved Leishmaniasis services in these regions with continuous capacity building and enhancing of public awareness by the WHO in collaboration with the RHBs in addition to the deployment of Leishmaniasis outreach teams contributed to the improvement of the Leishmaniasis surveillance.

Most Leishmaniasis treatment centers are currently practicing to notify any changes in the trend of Leishmaniasis disease occurrence for timely intervention.



However, during the reporting year, the program has faced the following challenges:

- Leishmaniasis/HIV co-infection: the high level of VL/HIV co-infection in Ethiopia is one of the big challenges for Leishmaniasis control in Ethiopia as it affects patient's presentation and treatment outcome with frequent complications, treatment relapse, treatment failure and death.
- Spread of Leishmaniasis: due to population movement, immune suppression (due to HIV/AIDS, malnutrition, etc.) and climate changes, the Leishmaniasis disease is observed to have spread to new localities in the last 5 years in Ethiopia, including Libo and Fogera in Amhara, TahtayAdiabo in Tigray and Imey in Somali regional states.
- Low level of commitment and integration of the Leishmaniasis services: due to the past mis-perception about treatment options of Leishmaniasis (considered as the business of NGOs rather than being the integral part of the general health services), more effort has to be exerted to fully integrate the Leishmaniasis services within the general health services at all levels.

Therefore, as a way forward, the WCO plans to support:

- Improved integration of the Leishmaniasis services within the general health service and continuous capacity building has to be made to improve the Leishmaniasis control program.
- Operational and drug trial studies as they are necessary to better understand the disease and improve the management of patients especially for VL/HIV co-infected ones.
- the finalization of the Leishmaniasis mapping to better understand the disease burden, distribution, vector behavior, reservoir hosts etc. in order to help design an appropriate Leishmaniasis control interventions.

4.5 Public Health and Environment

The National Health Policy prioritizes health promotion and disease prevention approaches through its Health Extension Service Program which has sixteen packages of which seven of them deal with the promotion of healthy environment at community and household levels. The WHO strategic objective deals with a broad range of traditional, modern and emerging health and environmental hazards. It encourages strong health-sector leadership for primary prevention of diseases through environmental management and imparts strategic direction. It also gives guidance to partners in non-health sectors for ensuring that their policies and

investments also benefit health through promotion of healthier environment besides intensifying primary prevention and influencing public policies in all sectors so as to address the root causes of environmental threats/determinants of public health.

The main focus areas are: assessment and management of environmental and occupational health hazards such as unsafe water and inadequate sanitation, indoor air pollution and solid fuel use, vector of diseases transmission, health risks related to change in the global environment such as climate change and biodiversity loss, use of chemicals and health risks related to urbanization and working conditions.

In light of this, WCO has provided technical and financial support to the FMOH and other sectors such as the Ministry of Water and Energy and the Environmental Protection Authority (EPA) to address the above mentioned root causes of ill health.

In the year under review, the Office provided technical support for:

- the production of a country report that includes the situational analysis and needs assessment showing the linkage between health and environment for implementation of the Libreville Declaration. During the preparation of this report the process was jointly led by FMOH and EPA with the participation of 16 other stakeholder organizations including universities. One thousand copies of this report were printed and distributed to different stakeholders including AFRO through FMOH and EPA.
- undertaking a prevalence study among primary school children in SNNPR that indicated that about 55.4% of the children have been infected by at least one of the parasite species of soil transmitted helminthes with overall prevalence of 44.7%. Based on this finding, school-based de-worming campaign was conducted in 88 primary schools and a total of 40,043(94%) students received de-worming tablets;
- training 641 teachers and 13 health extension workers to promote sanitation and hygiene in 86 primary schools in SNNPR. These activities were undertaken with financial and logistic support from WFP;
- a rapid assessment conducted on risk factors contributing to AWD/Cholera outbreak including other risk factors related to water, sanitation and hygiene;
- the celebration of the Global Hand Washing Day; as part of sanitation and hygiene promotion. The Day was jointly organized by Health, Water and Education Ministries in collaboration with WHO, UNICEF and other partners. Over 3 million students throughout the country have participated in the event;
- strengthening of the national, regional, zonal and woreda level capacity in water quality monitoring and surveillance. 248 health and water sector professionals from woredas, zonal health departments, regional health and water bureaus and FMOH were trained. Out of these 72 participants attended the ToT program organized at national level while the remaining attended the cascaded training programs conducted by regions;

- strengthening of water quality analysis capacity at woreda level through procurement of 15 Rapid Bacteriological and physico-chemical water quality kits which were distributed to woredas through the FMOH. In order to fill the gap in the availability of water quality testing reagents at the Amhara regional public health laboratory, 12 consumable laboratory reagents were purchased and supplied to region based on their requests. In addition, 31,000 bottles of Water guard and 41,000 sachets of Water PUR were procured and distributed to four regions for the promotion of household water treatment.
- the development of the National Water Quality Monitoring and Surveillance Strategy, which was supported and is awaiting endorsement;
- the Ministry of Water and Energy to peruse fluoride risk mapping to strengthen the implementation of the National Fluoride Mitigation Project. The risk mapping report was shared with stakeholders on a workshop organized to review the National Fluoride Mitigation Project;
- the promotion of evidence-based planning and implementation of sanitation and hygiene promotion to five regional states;
- a joint training on the Urban Health Equity Assessment and Response Tool (Urban HEART) for 25 participants of whom 10 were from Ethiopia. The training was co-organized with AFRO and Kobe-WHO, and
- the preparation of a national strategy, guidelines and a training manual to strengthen national capacity for infection prevention, patient safety and health care waste management. The documents have been endorsed and are ready for printing and circulation.

Similarly, WCO provided technical support to the FMOH:

- in the preparation of proposals for fund mobilization from the EU, Global Sanitation Fund and USIAD for water, sanitation and hygiene promotion amounting over US\$15million;
- for the preparation of the Strategic Action Plan for public health climate adaptation and for the development of the Containment Strategy of Acute Watery Diarrhea;
- to facilitate the country's participation in the 2010 Water and Sanitation Conference, the preparation of, WHO/UNICEF Joint Monitoring Report the Global Annual Assessment of UN-Sanitation and Drinking Water (GLAAS) and Country Status Overview report
- to generate evidence on Insecticide Resistance Monitoring for effective implementation of malaria control; and
- for the preparation of a proposal on the introduction of an alternative to DDT in the implementation of malaria control project. The proposal was submitted to the Global Environmental Fund.

In the Office's efforts to mitigate the effects of environmental hazards on public health, the following were the challenges faced:

- Even though at policy level the importance of health and environment linkage is well-recognized, when it comes to resource allocation and implementation the area is still not among the priorities. In addition, fragmentation of the environmental issues among different sectors is one of the factors that hinders the realization of the health and environment linkage. While the country is addressing the traditional environmental threats to public health through the Health Extension Program (HEP), modern environmental hazards such as pollution of the water sources by waste

from industries, indoor and outdoor air pollution, misuse of fertilizers, persistent organic pollutants and risk factors related to working conditions (occupational health and safety) are not



School-based de-worming campaign in SNNPR, Marako Woreda, December, 2010

As a way forward, however, WHO will continue to provide technical and financial support towards the coordination, advocacy and implementation of the PHE sectoral plans and activities by different Ministries and other partners. Furthermore, it will continue playing its coordinating and guidance-provision roles for the establishment of a Joint Strategic Alliance for Health and Environment Linkage, targeting both traditional and modern environmental public health threats.



WCO representative handing over 15 Rapid water quality test kits to representative of FMOH, WASH Focal Person, August

4.6 Integrated Disease Surveillance and Response (IDSR)

The main objective of the IDSR program is to generate and provide evidence on which to base decisions on public health interventions for the control of communicable diseases and to ensure better preparedness and response to epidemics. This is realized by strengthening national capacity to conduct effective surveillance activities and involving communities in the detection, investigation and reporting of public health problems and in the implementation of effective public health interventions. IDSR is also another means for the implementation of International Health Regulations (IHR) in the country.

The WCO IDSR unit provided technical and financial support to the FMOH, Food, Medicine and Health Care Administration and Control Authority of Ethiopia (FMAHACA), Regional Health Bureaus and District Offices to strengthen the surveillance, outbreak investigation and implementation of International Health Regulation (IHR).

WCO also assisted FMOH, FMAHACA and RHB in developing proposals for resource mobilization, IHR assessment and development of the Plan of Action (PoA) and IHR capacity development with sensitizations and trainings. The key achievements include:

Facilitation of trainings/orientation to:

- 450 regional, zonal and district PHEM focal persons and other health professionals on outbreak investigation, management of some selected priority diseases,
- health workers working in major health facilities of the country on the principles of PHEM and
- 200 health professionals and port of entry workers on International Health Regulations.

Provision of technical and financial support for:-

- advocacy and sensitization of IHR to all regional health bureaus,
- H1N1 vaccine deployment plan preparation and activities,
- IHR core capacity assessment and development of plan of action,
- scaling up community IDSR in SNNPR, Amhara, Tigray, Oromia, Addis Ababa, DireDawa and Harari Regions, and
- disease outbreak investigation and strengthening of surveillance activities in all regions.

During implementation, interruption of surveillance activities in some areas of the country, delay and incomplete reporting, high staff turnover and overlapping of roles and shortage of budget were some of the challenges encountered.

However, as a way forward, WCO will continue providing support to the FMOH and Regional Health Bureaus on disease surveillance and response and for the rolling-out of IHR implementation plan.

4.7 Nutrition and Food Safety

Ethiopia is constantly facing high burden of all forms of malnutrition and consequently high child mortality. The very high chronic malnutrition has been a fertile ground for recurrence of needed emergency nutrition over the last few decades. Until recently, the broad multi-sectoral factors contributing to malnutrition had been insufficiently emphasized, but following increased efforts of the government and all stakeholders, there is an indication of improving trend. The 2008 endorsed NNS and subsequent NNP have created opportunities for integrating nutrition activities in the country. The recently conducted national nutrition baseline survey by EHNRI depicts mixed results stating an improvement of stunting while wasting remains high. There is high Vitamin A Deficiency (VAD) prevalence and insignificant proportion of households using iodized salt. DHS survey planned for 2011 is expected to produce more comparable results.

The existing improvements in nutrition coordination, successful lessons acquired in the past years of rapidly expanding health extension program, and government's transformation plan are all important opportunities for the recent initiatives to scale up nutrition action.

Moreover, the increasing concern of food quality and food safety in Ethiopia requires a harmonized system, where important actors provide effective services to ensure enough attention and recognition is given to food safety by public and private partners. Therefore, there is a need for strong support to enact laws in the national quality and standard, public health, food and drugs administration and other regulatory areas in agriculture, manufacturing and trade.

In light of this, WCO has been supporting nutrition and food safety efforts in the country. It has:

- supported the strengthening of multi-sectoral and multiagency emergency nutrition coordination by the DRMFS through technical assistance in the multiagency nutrition forums for coordination and harmonization of Government, UN and NGO efforts to address malnutrition. This has greatly contributed to the coordinated efforts on early warning, preparedness and response in the management of emergency nutrition,
- conducted a nutritional landscape analysis through financial and technical assistance to the FMOH. The analysis was done in close collaboration with FMOH and partners such as WHO/AFRO and HQ that were actively involved in the technical assistance. The landscape analysis identified gaps, constraints and opportunities for integrating new and existing effective practices and to scale up effective nutrition action.
The landscape summary report also came-up with important recommendations which are reflected in the way forward,
- provided financial and technical assistance to strengthen the capacity for nutrition management of Severe Acute Malnutrition (SAM) in six regions through CERF resources. WCO has also supported the training of health workers and HEWs on nutrition assessment, community mobilization and the management of SAM; besides providing supportive supervision and medical supplies to therapeutic feeding programs (TFP) centers; therapeutic feeding units (TFUs) and outreach therapeutic programs(OTPs),
- as part of the continued support to the implementation of the NNS/NNP, provided direct technical assistance to develop a road map for the establishment and strengthening of emergency nutrition coordination within the FMOH. The road map is meant to set out the process and time frame for developing the interdependent mechanisms needed to help the establishment and strengthening of emergency nutrition coordination within PHEM/EHNRI in FMOH,
- supported the National Codex Committee (NCC) and the national level conference on food safety and national codex activities in Ethiopia through financial and technical assistance. The Conference brought together all stakeholders to discuss the issues and concerns related to food safety in particular and familiarization of National Codex activities in general to stakeholders from line ministries, universities and regions, and
- developed proposals and plans for activities such as Spanish support to the MDG fund on joint partnership on children, nutrition and food security which has been approved.

However, the existing poor nutrition information and nutrition surveillance systems in the health sector and the inadequate capacities, poor awareness levels together with the small progress made in the area of food safety were the major challenges that were faced during the year.

Therefore as a way forward, the office will:

- strengthen nutrition coordination and leadership capacities within the health sector and the capacity of the FMoH to coordinate other stakeholders involved in nutrition programs,
- improve the data collection and tracking, analysis and use of nutrition information for rapid nutrition response: a response that addresses both the severe and moderately malnourished children at earliest possible,
- review the approach and scale up of expansion and coverage of community based nutrition actions, and
- strongly support initiatives for scaling up nutrition action.

CHAPTER FIVE

MATERNAL AND CHILD HEALTH



5.1 Family Health Program (FHP): Sexual/Reproductive Health and Gender

The fourth Health Sector Development Program (HSDP-IV) has put maternal and child health as one of the priority health issues of the country. The family planning service target set by HSDP-IV is to reach a contraceptive prevalence rate (CPR) of 65% and reduce total fertility rate (TFR) from current rate of 5.4 to 4 children per woman by 2015. The concerted effort of the FMOH and its development partners including WHO has currently resulted in reaching a CPR of 32% (L10K survey) in the 4 big regions. HSDP-IV also acknowledges gender as one of the cross-cutting issues with the objective of mainstreaming gender at all levels of the health system.

WHO provided support for sexual and reproductive health services in Ethiopia towards scaling up of access and coverage with focus on the development of tools and guidelines, advocacy for the availability of constant supply and appropriate method mix of contraceptives and capacity building for health providers to improve quality of Sexual and Reproductive Health (SRH) services.

The following are the highlights of the achievements in tool development, capacity building as well as developing documents and proposals:

Tools Development:

WHO provided technical support to the FMoH in the process of developing a 'National Family Planning (FP) Training Manual' and financially supported a three-day workshop

Additionally, in the reporting year, the Adaptation of the WHO Decision Making Tool for Family Planning clients and providers for use by health extension workers (HEWs) that started in the previous year, with financial and technical support from WHO, has been finalized and translated into three local languages to facilitate ease of utilization by the HEWs.

Capacity Building

WCO,

- in collaboration with the FMoH, conducted a Gender Analysis and Mainstreaming Workshop for 28 regional health managers,
- with support from HQ, conducted a three-day training workshop on Gender Analysis and Mainstreaming for 25 WCO and FMoH staff.
- supported an awareness creation workshop on Sexual Abuse and Exploitation of Male Children organized by 'Bright for Children Voluntary Association'. Participants were from the FMoH, different youth associations, Justice, Police, different NGOs.

Participating in events and development of proposals and policy documents

WCO supported FMoH in planning and organizing the 'Safe Motherhood Month' that helped create more awareness about Maternal Neonatal and Child Health (MNCH). In line with this, it assisted the drafting of Safe-Motherhood and FP Fact Sheets and along with the FP-TWG prepared a 'FP Repositioning Workshop' that was directed at creating

more understanding about the role of FP in development and achieving the MDGs.

The need for government allocation of funds for FP was the key message echoed during the workshop.

Additionally, it contributed to the development and review of various policy documents, including HSDP IV, the Growth and Transformation Plan, the National Guidelines for FP Services in Ethiopia, MDG Report Ethiopia 2010 and revision of the National Reproductive Health Strategy; to ensure that FP/SRH, population and gender issues are adequately

addressed. Together with partners WCO, assisted FMoH in developing a proposal for the 'IUCD Scale-up Initiative'. As a result the FMoH is receiving 2.9 million USD from an external donor for taking on the coordination, social mobilization and monitoring and evaluation of the implementation of the Intra-Uterine Contraceptive Device (IUCD) Scale-up Initiative.



Gender Analysis and Mainstreaming for WCO and FMOH staff, Addis Ababa, November 2010

5.2 Making Pregnancy Safer (MPS)

Maternal mortality rate for Ethiopia stands at 673 per 100,000 live births (DHS, 2005). There are ongoing efforts to decrease the maternal mortality including, through increasing family planning attendance (16% according to the FMOH annual administrative report for 2002 EFY).

A recent WHO estimate has shown reduction in maternal mortality to 470 per 100,000 live births. However, trend in progress is not sufficient for attaining the MDG-5 target in 2015 which requires a more accelerated reduction.

In light of this, WHO provided support to the national efforts to accelerate reduction of maternal and newborn mortality in Ethiopia through implementation of the MPS Strategy. The Strategy focuses on strengthening health systems to improve access for essential and emergency obstetrics care at all levels. In line with this, a variety of activities were carried out by the MPS team in WCO. These include development of tools and guidelines, capacity building and research activities.

Development of tools/guidelines

In the year under review, the Office:

- prepared a community maternal and newborn health training package
- conducted:
 - capacity assessment of anaesthesia training schools;
 - harmonization of curricula of midwives for standardization and improved quality of training by closely working with higher education strategic centre of the Ministry of Education;
 - review of the national training Package of PMTCT in light of integration of MNH and PMTCT
 - rapid assessment of PMTCT services in five regions: Afar, Gambella, Benshangul-Gumuz, Dire Dawa and Harari; to see the level of ANC utilization and PMTCT service (Testing, prophylaxis and exposed infants follow-up).

The office also printed and disseminated the findings of the national EmONC assessment besides printing the report.

Capacity building

In line with the commitment of WCO in the UN Joint Program on MNCH that aims to strengthen the pre-service midwifery trainings, WHO provided support through training of midwifery tutors. Thus, a total of 73 midwifery tutors and preceptors were trained on Basic Emergency Obstetric and Newborn care



Basic Emergency Obstetric Training workshop,
Ambo, April 2010

(BEMONC). Furthermore, WCO:

- provided technical and financial support to the FMoH to build the capacity of district Health Teams for planning, monitoring and evaluation of MNH services through training of a total of 120 district managers.
- supported training of 45 BEMONC trainers from three regional state governments: at Amhara, Oromiya and Tigray with aims to build capacity of regional government to conduct BEMONC training for their facility staff,
- in response to gaps identified in the national EMONC assessment, supported (24 providers for the 12 facilities) in partnership with the FMoH and professional associations.

Research

Concerning the Joint Program (JP) on MNH, WCO, in partnership with FMoH and the Reproductive Health Research Unit of Addis Ababa University Obstetrics and Gynecology Department, initiated operational research on community based distribution of misoprostol for prevention of postpartum haemorrhage by health extension agents.

5.3 Child and Adolescent Health

Ethiopia has a comprehensive National Child Survival Strategy focusing on selected cost effective and high impact child survival interventions. Based on this Strategy, WHO played a catalytic role in facilitating the scaling up of New-born and Child Survival interventions to achieve MDG-4 and also to improve access to Adolescent Friendly Health Services.

The key WHO 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; scaling up of Integrated Management of Neonatal and Child Illness (IMNCI) and improvement of Paediatric referral care, technical support for Health Extension Programs & other community-based interventions.

Harmonization of community based maternal, newborn, child health and nutrition interventions for integrated community based care WCO has been providing technical support for the harmonization of community based maternal, new-born, child health and nutrition interventions since its inception. Over the last two years, the FMoH worked to harmonize all community based maternal, new-born, child health and nutrition interventions in order to streamline the delivery of all essential community based health promotion activities. Technical support was provided especially in the areas of new-born, child health and nutrition by WCO.

Revision, printing and distribution of different training materials

Following the recent FMoH adoption of the policy on Community Case Management (CCM) of pneumonia by HEWs, revision of the standard Integrated Management of Newborn and Childhood Illness (IMNCI) training material for Health Extension Workers (HEWs) was developed incorporating the Community Case Management of Pneumonia (CCMP), outpatient management of moderate and uncomplicated Severe Acute Malnutrition (SAM) and other technical updates. The national Supportive Supervision Guideline for monitoring of the

implementation of the Community Case Management of Pneumonia and Other Childhood Illnesses were also developed. Furthermore, to support in-service trainings, 800 copies of IMNCI training materials for health workers were printed and distributed.

Training of providers and tutors

The Office conducted:

- One facilitators' skills workshop and four rounds of IMNCI trainings for 90 health workers and program managers of the FMOH and
- A training program for a total of 12 health workers on the management of SAM using the newly developed integrated package of modular training material for the inpatient & outpatient management of SAM.

Support for Emergency Triage Assessment and Treatment (ETAT) implementation

- The national adaptation and development of the protocol for pediatric referral care was finalized and 2000 copies of the adapted Pocket Book for Pediatric Referral Care were printed.
- Training on Emergency Triage Assessment and Treatment (ETAT) and purchase of ETAT related hospital equipment worth of about 2 million USD has been approved by the FMOH from the MDG Fund and the procurement process was initiated.

In addition, WCO in collaboration with the FMOH and the national child survival and adolescent health technical working groups provided technical support for the development of the National Action Plan for Community Case Management of Pneumonia and other childhood illnesses and facilitated the following national orientation workshop and coordination meetings.

Resource mobilization efforts

During the reporting year, in support of fund raising efforts, the Global Fund Round-10 proposal was developed incorporating requests for financial resources for Integrated Community Case Management, IMNCI, ETAT and cross cutting HSS components amounting to a total budget of 15,935,690 USD for five years (2011-2016).

Furthermore, the signing of the agreement between the FMOH and the Ethiopian Pediatric Society (EPS) for outsourcing 3,996,000 Ethiopian Birr (approximately US\$360,000) of Global Alliance for Vaccine and Immunization (GAVI) fund for IMNCI implementation was facilitated; and a generic proposal for scaling up of Adolescent Friendly Reproductive Health Services in the country with a total estimated cost of 5 million USD for 5 years was developed.

Supporting the implementation of adolescent friendly health services

A planning, implementation and monitoring tool for Adolescent and Youth-friendly

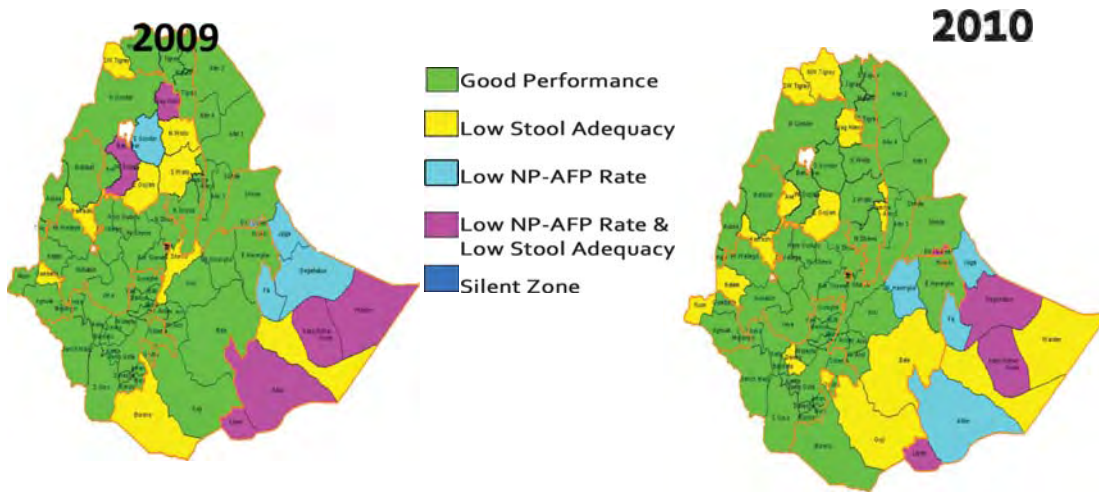
Reproductive Health Services (AYFRHS) standards was finalized and 4500 copies of the tool and 15,000 copies of its extracted "actions" have been printed and a national dissemination workshop conducted.

Additionally, the development of the Adolescent RH distance learning “self study” module for upgrading of HEWs to diploma level was coordinated.

5.4 Expanded Program on Immunization (EPI)

During the reporting year, the EPI Unit focused its support to the FMOH in four main priority areas: maintaining polio free status of Ethiopia, reducing the number of un-immunized children, supporting accelerated disease control activities and improving data quality.

AFP surveillance performance by zone, Ethiopia,
01 Jan - 31 Dec 2009 and 01 Jan - 31 Dec 2010



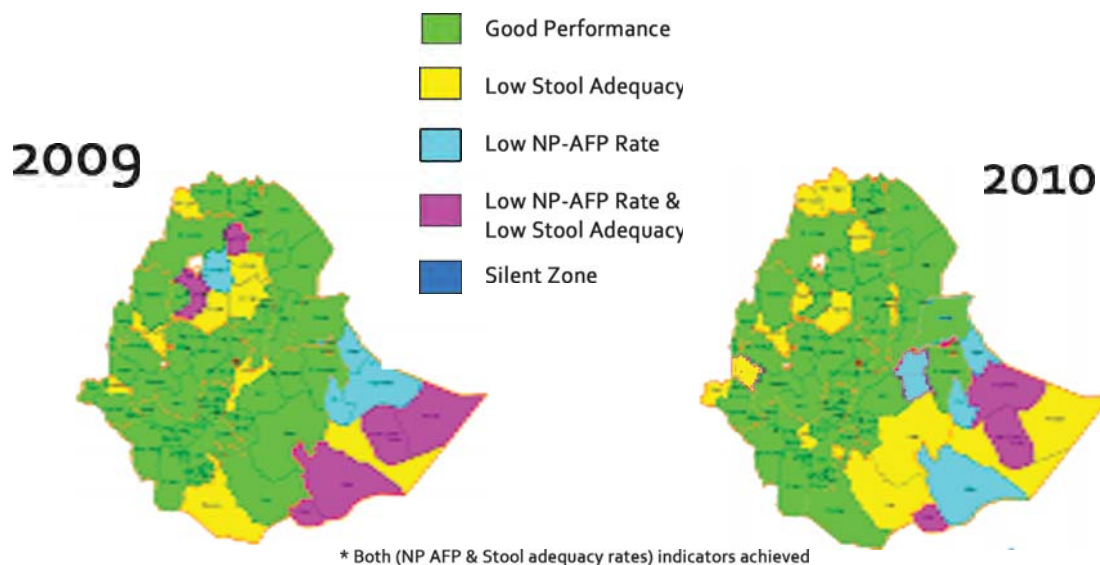
* Both (NP AFP & Stool adequacy rate) indicators achieved
Improvement in the surveillance indicators from 2009 to 2010.

Therefore, as part of integrated health service delivery, the implementation of a high quality national measles supplemental immunization activity (SIA) in 7 regions in October 2010, offered an opportunity to integrate other child survival interventions such as administering polio vaccine, de-worming, vitamin A supplementation, as well as nutritional screening in selected areas.

Polio Eradication

In 2010, the Acute Flaccid Paralysis (AFP) surveillance system in the country improved compared to the previous years and continued to meet certification level performance indicators. Towards this end, WCO supported woredas enhanced active surveillance by woreda surveillance focal points, which contributed to the attainment of surveillance performance indicators.

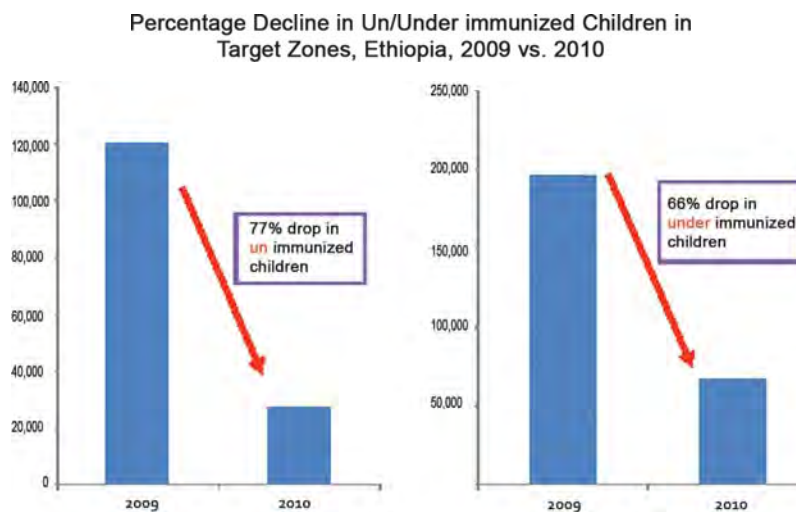
Furthermore, strengthened surveillance identified five circulating vaccine derived polio viruses - type 3 (VDPV-3) - in high risk zones of Oromia and Somali regions. This resulted in response activities, including three rounds of SIAs. WHO provided technical and financial support for the implementation of these SIAs, resulting in no breakthrough transmission after the first SIA.



Reducing number of unimmunized children

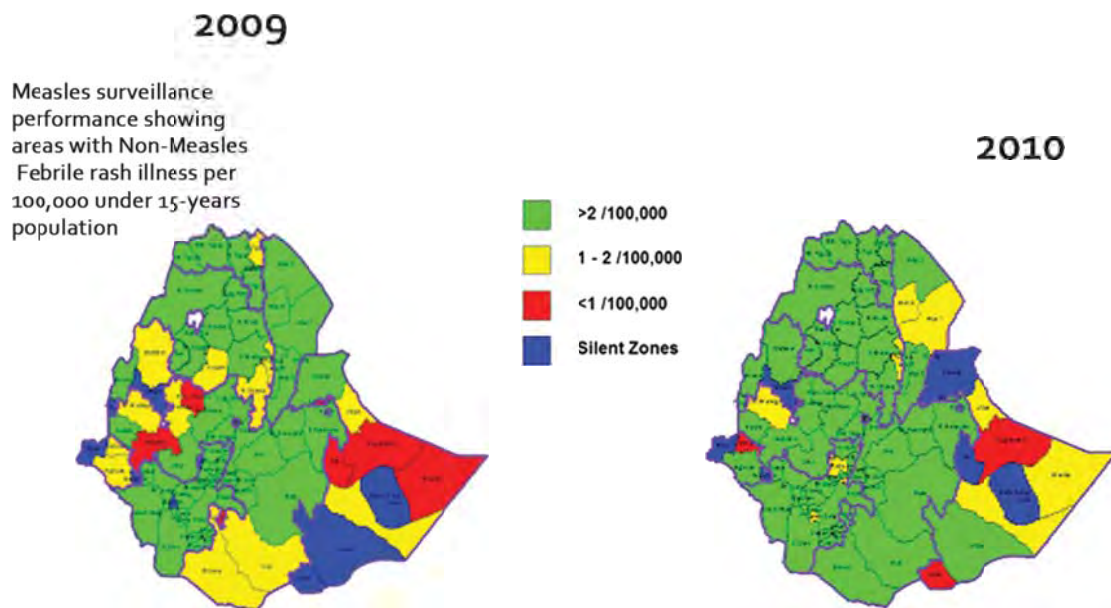
To reduce the number of unimmunized children, routine immunization was strengthened through capacity building (Reaching Every District - RED, Immunization in Practice (IIP) Training), micro-planning for and advocacy visits to poor performing regions (to ensure better implementation of planned activities). WCO also provided technical and financial support for implementation of Enhanced Routine Immunization Activities (ERIA) to further reduce the number of unimmunized children in selected poorly performing zones.

Additionally, WHO, with partners, worked with the FMoH to develop a guideline to standardize implementation of ERIA. As part of efforts to improve vaccine and cold chain management capacity, WHO continued supporting the Federal and Regional Governments as well as partners to improve vaccine stock management through high level vaccine management trainings. This combination of activities resulted in decreasing the number of unimmunized children in 2010 compared to 2009 levels. There was a significant decrease in the number of unimmunized children especially in the zones that implemented ERIA activities.

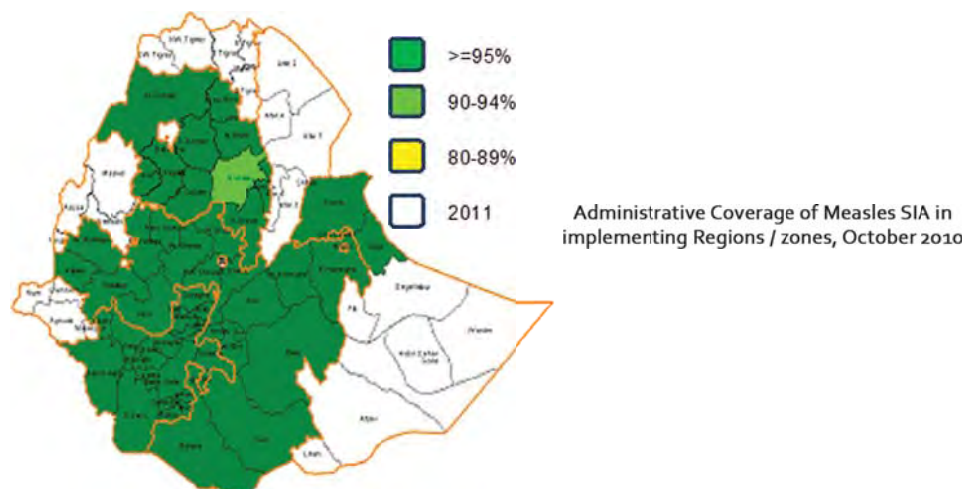


Accelerated Disease Control

Measles surveillance was strengthened through training and other AFP surveillance activities. In addition, the Measles SIA was used as an opportunity to improve the awareness of health extension workers on health and surveillance activities. The result of these efforts is seen in the improvement of the measles indicators. See the figure on the next page.



An Integrated Measles SIA considered as a best practice” was conducted with the support of the Global Measles Partnership and AFRO. The Measles SIA targeted children 9-47 months of age in 7 regions with the remaining 4 regions scheduled for the first quarter of 2011. The SIA integrated polio vaccination (for children 0-59 months of age), vitamin A supplementation (6-59 months of age, in most regions), de-worming (24-59 months of age in most regions) and nutritional screening (6-59 months of age and pregnant and lactating women in high-risk woredas). 8.3 million and 11.8 million children were reached with supplementary measles vaccine and OPV respectively, during the SIA. Almost all zones achieved coverage of over 95% as illustrated in figure below. This experience and the lessons learned will be used to improve the quality of measles SIAs in other countries in the AFRO Region, giving international attention to Ethiopia’s efforts to control Measles.



Additionally, WCO trained zonal EPI officers in the 2 big regions of Amhara and Oromia on data management, including timely collection and ensuring completeness of data. Some challenges encountered during the implementation of the above activities were:

- Lack of program specific dedicated focal persons at the FMOH as a result of the generalist approach of the new FMOH reform process,
- Shortage and high turnover of trained and experienced health care providers at all levels,
- Low access and utilization of health services, weak referral system from the community up to referral facilities,
- Inadequate supportive supervision, weak organization of services at facility level and shortage of essential drugs and supplies affecting the scaling up of key maternal and newborn health interventions,
- Untimely and incomplete reporting of important data due to the newly introduced HMIS quarterly reporting system,
- Shortage of financial resources, especially lack of internal voluntary funding for scaling up planned interventions,
- Considerable amount of time spent on unplanned competing priorities at the expense of planned activities
- Weak inter-agency coordination committees (ICCs) at regional and zonal levels for pooling expertise and resources, and
- Security and infrastructure challenges in developing regions to conduct planned activities.

As a way forward, the Office plans to continue

- lobbying the FMOH for appointment of program managers at the FMOH level;
- capacity building of health workers at all levels;
- strengthening access to quality health care and referral linkages;
- efforts to mobilize financial resources for implementation of the work-plan through proactive networking and collaboration with partners, to generate funding locally;
- efforts to revitalize inter-agency coordination committees (ICCs) at regional level; and
- to advocate for the FMOH's endorsement of the monthly instead of quarterly routine immunization data.



A mother and child participating in the celebration of the Vaccination Week, 2010

CHAPTER SIX

ADMINISTRATION



Training on GSM for staff members

Administration plays a pivotal role for program delivery through the provision of services in the areas of human resources management, finance, information, communication and technology, logistics and transport management, common services and common premises management within the UN system at the duty station and other operational support services.

In 2010, the administration was fully involved in the preparations of GSM Go-Live in the WHO Africa region. Key administrative staff participated in the 3-week training of trainers' course in Hammermet (Tunisia). The trainers, upon return, trained and briefed country office staff on the Global Management System. Additionally, the country office hosted a sub-regional WHO/AFRO Generalist Training for selected countries of Eastern and Southern Africa. This was possible, in part, because of the prudent guidance of the WR and the team

work of the Admin Team to strengthen the offices' capacity to be able to deliver new and improved services.

6.1. Human Resources

The WHO Country Office carried out different human resources activities during the year under review including recruitment and deployment of staff to fill up vacant approved positions; (with the necessary induction for all new staff) and staff Development and Learning activities. With the introduction of the Global Management System (GMS) in WHO, intensive End User Trainings have been carried out at country level during the year 2010. Some organizational development activities were also undertaken in terms of revision of organograms, role-mapping and revision of Terms of References (ToRs) to reflect current responsibilities for relevant staff. The total number of staff during the reporting period was 164 (82% being males and only 18% females).

| Gender | Number of Staff by Cluster (2010) | | | | | TOTAL |
|--------|-----------------------------------|-----|-----|-----|-----|-------|
| | ATM | DPC | HSS | MCH | ADM | |
| MALE | 31 | 10 | 6 | 77 | 11 | 135 |
| FEMALE | 7 | 2 | 3 | 8 | 9 | 29 |
| TOTAL | 38 | 12 | 9 | 85 | 20 | 164 |

6.2. Logistics

The administration managed a fleet of 76 MOSS compliant vehicles with 48 full time and temporary drivers who were deployed as and when required. The transport section monitors vehicle movements and ensures that vehicles were used for the implementation of WHO programs.

The country office facilitated and hosted a number of international and local meetings (annex 1-4). About 285 international and local meetings with the support of and in collaboration with WHO/HQ and WHO/AFRO were hosted and/or attended. This figure includes 166 locally held meetings and trainings in various parts of the Country.

6.3 Information Communication and Technology (ICT)

A share point web portal was made accessible to WHO Ethiopia staff, so that the culture of electronic team collaboration, discussion, event/task tracking, could be further strengthened and fostered. The portal also offered a central database for storing/sharing and retrieving proposals, program reports and other relevant documents and collaborative team document production and editing to mention a few.

6.4 Finance

There was a total of USD 4.9 and USD 76.8 million planned for the biennium 2010/11 from AC and VC resources, respectively. Out of the planned VC funds, only USD 28.3 Million was secured; out of which 88% was disbursed during the period. From the received VC funds, a total of USD

11.1 million was locally mobilized for TB/HIV and EHA activities (USD 9.2 and 1.9 Million for ATM and EHA programs respectively).

Out of the total funds received during the period, EPI and ATM teams secured the highest share (40% and 33%, respectively). The planned and received AC funds for the biennium was USD 4.9 Million, (annex V), out of which only USD 2.1 Million was implemented during the period 2010.

Except for strategic objectives (SO) 12 and 13, the other programs did not receive the VC funds planned for the biennium (annex VI). The VC funds obtained from United Nations Office for Coordinating Humanitarian Affairs (UNOCHA) for PHE and Nutrition (NUT) activities are not considered under these programs as these funds were provided under the EHA program.

Liquidation of advanced funds

A total of 999,999.9 Million Birr had been liquidated by the FMOH, RHBs and other Health Related Implementing Partners. Out of these amounts, a total transfer of ETB 143.6 million was made during 2003-2009. This achievement is the result of the collaborative actions by the respective WHO Technical Officers, and continued follow up of the Administration Cluster Team.

One of the main challenges for the administrative work of the office was the decrease in the flow of resources to the WCO as a result of the global financial crisis; affecting the implementation of planned activities. The expected flow of resources remains unpredictable. Furthermore, the Office encountered delays and long procedures during International procurement due to various reasons.

Other challenges include delays and irregularities in the timely submission of statements of expenditures by Implementing Partners, non-availability of quality fuel in some Regions of the Country and the lack of contracted vehicle maintenance service providers at the regional level. In human resource development and services, it has been noted that the UN Salary scales for locally recruited staff has become less attractive and therefore unable to attract the best candidates. The large number of unplanned short term recruitment requests from counterparts has also posed its own challenges.

Way Forward

The Office plans to:

- aggressively mobilize funds in order to alleviate the unpredictable nature of the VC funds;
- continue facilitation of the remaining planned SDL activities for the year 2011 and closer follow up activities until receipt of goods/supplies ordered;
- in partnership with other players, negotiate for better systems to provide quality improved fuel and conduct an assessment of vehicle maintenance service providers at regional level.

Moreover, subsequent to the implementation of GSM, there is a need to review and improve the modality of working with national counterparts. There also should also be strong collaborative plan of action put in place for the liquidation of funds transferred to implementers.

Annex I

**List of Participants of International Meetings, Workshops,
Training Programs organized by the Country Office
October - December 2010**

| S. No | Title of the event | Event Date | Event Venue | Focal Point at WCO | Participant Name | Remark |
|-------|---|------------------------|---|--------------------|--|--------|
| 1 | East Africa Malaria Annual Review and Planning Meeting | 4 to 8 October 2010 | Kigali, Rwanda | MAL | 1. Dr. Worku Bekele, 2. Ato Dereje Olana, 3. Ato Esayakine and 4. Mrs Alemitu Seyoum | |
| 2 | Hands on Training on virus isolation for the diagnosis of Influenza viruses | 4 to 15 Oct. 2010 | Nairobi, Kenya | DPC | Mr. Alog Afework (EHNRI) 1. Dr Solomon Emyu, NPO-CAH 2. Dr Mihretekokeb, Gondar University 3. Dr Dessalegn Tigabu - Gondar University | |
| 3 | Review of early application of ICATT (IMCI Computerized Adaptation & Training Tool) in Tanzania | 10 - 16 October 2010 | Edema Conference Center, Morogoro, Tanzania | CAH | 1. Dr. Kassahun Mikitu 2. Dr. Tesfaye Umeta 3. Dr. Fekadu Lemma Kiros Kidanu Gebremariam | |
| 4 | To provide support in the Polio/SIAs and AFP Surveillance activities | 15 October 2010 - 12 | Angola | EPI | | |
| 5 | Inter-country planning and review meeting for Health System Strengthening in ESA Region, | 19 to 22 October, 2010 | Harare, Zimbabwe | HSS | | |
| 6 | Meeting on Pandemic H1N1 2009 | 20 to 21 Oct. 2010 | Geneva, Switzerland | | 1. Mr. Dagnew Tadesse (FMoH) 2. Mr. Million Wendeabeku (FMoH) | |

**List of Participants of International Meetings, Workshops,
Training Programs organized by the Country Office
October - December 2010**

| | | | | | |
|----|--|-----------------------|-------------------------|-----|---|
| 7 | A policy dialogue for better evidence to improve women's health through gender and health statistics | 25 - 27 October, 2010 | Washington DC | FHP | Dr. Kidest Lulu |
| 8 | Conference on Community-Based Rehabilitation, CBR | 26 to 29 Oct. 2010 | Abuja, Nigeria | | 1. Dr. Shewaminale Yohannes (FMoH) |
| 9 | The WHO/GFN III Training on Foodborne Disease Surveillance and Antimicrobial Resistance Training | 1-6 Nov. 2010 | Nairobi/ Kenya | PHE | 1. Dr. Getinet Beyene (Jimma Univ. 2. Mr. Bisrat Habtemariam, 3. Mrs. Firehiwot Abera and 4. Mr. Tekill Biza (from EHNRI). |
| 10 | Stakeholders Meeting for Emerging Pandemic Threats Identify Project | 2 to 4 Nov. 2010 | Entebbe, Uganda | DPC | 1. Ms. Elisabeth Megrassa (EHNRI) 2. Mr. Gonfa Ayana (EHNRI) |
| 11 | Workshop on Development of Comprehensive Multi-year Plans for Neglected Tropical Diseases for Anglophone Countries | 2 to 5 Nov. 2010 | Harare, Zimbabwe | DPC | 1. Dr. Merce Hererro (WHO) |
| 12 | To provide technical support during surveillance and immunization response to the polio outbreak in Uganda | 04 Nov. - 03 Dec. | Kampala, Uganda | EPI | Dr. Ayalneh Fenta |
| 13 | Mapping of CCS to MTSP | 8 - 12 Nov. 2010 | Brazzaville, Congo | MPN | Dr. Sofonias Getachew |
| 14 | Global Youth Tobacco survey training workshop | 8 - 10 Nov. 2010 | Brazzaville, Congo | EDM | Mr. Dawit Dikasso Bilbeto |
| 15 | Workshop on implementation of common Technical Documentation (CTD) for marketing authorization application of pharmaceutical products. | 9 - 11 Nov. 2010 | Dar Es Salaam, Tanzania | EDM | Mr. Mengistab W. Aregay Tefeni |

Annex 3

**List of Participants of International Meetings, Workshops,
Training Programs organized by the Country Office
October - December 2010**

| | | | | | |
|----|--|---|--------------------------------------|-----|--|
| 16 | Training workshop in the African Region on Safe Shipment of Infectious Substances The Global Forum of Urbanization and Health, Kobe, Japan, | 10 to 12 Nov. 2010 15-17 November 2010 | Dar Es Salam, Tanzania Kobe-Japan | | 1. Ms. Gella Demisse (EHNRI) |
| 17 | | | | PHE | 1. H.E. Mr. Kefyalew Azeze Mielaku, Deputy Mayor of Addis Ababa 2. Dr. Abraham Asnake, Medical Director, Ras Desta Hospital 3. Mrs. Fantu Tesfaye, Head, Addis Ababa Health Bureau |
| 18 | Training workshop in the African Region on Safe Shipment of Infectious Substances | 10 to 12 Nov. 2010 | Dar Es Salam, Tanzania | DPC | 1. Ms. Gella Demisse (EHNRI) |
| 19 | WHO Consultative Meeting on Anthropodic Visceral Leishmaniasis Control: From Recommendations to Implementation | 11 to 12 Nov. 2010 | Geneva, Switzerland | DPC | 1. Dr. Tizta Hallu (FMOH) 2. Dr. Abate Muligeta (WHO) 3. Dr. Merce Herrero (WHO) |
| 20 | Lab Staff Training Attachment to the National Institute of Communicable Diseases (NICD) Molecular Laboratory | 21 Nov. - 04 Dec. | Johannesburg, South Africa | EPI | Mr. Eshetu Lemma (EHNRI) |
| 21 | Health Impact Assessment Training Course | 22-26 November, 2010 | Liverpool, UK | PHE | Mr. Waitaj Terfa |
| 22 | International Cooperation - Water and Health | 22 November to 16 December | Israel | PHE | Mr. Adnew Yirga, Gurage Zonal Health |
| 23 | 2nd Inter-Ministerial Conference on Health and Environment in Africa, | 23 - 26 November 2010 | Luanda, Angola | PHE | 1. Mr. Daegnew Tadesse Abey, Water Quality, Hygiene & Sanitation Focal Person, FMOH, 2. Mr. Theodoros Nega, and 3. Mr. Shilmat Tesfaye from EPA (Environmental Protection Authority) |

Annex 4

**List of Participants of International Meetings, Workshops,
Training Programs organized by the Country Office
October - December 2010**

| | Regional NTD Consultative Meeting | 29 Nov. to 1 Dec. 10 | Accra, Ghana | DPC | 1. Ms. Achamy elesh Sissay (FMOH) |
|----|--|----------------------|----------------------------|-----|---|
| 24 | To facilitate TF and the 2nd annual Regional Conference on Immunization (ARCi) and the 17th African Regional Inter-Agency coordination Committee (ARICC) meeting | 30 Nov - 10 Dec. | Ouagadougou, Burkina Faso | EPI | Meseret Fikru |
| 25 | Rethinking Referral systems (organized and supported by AMDD and Gate's foundation) | 30 Nov- 2 Dec 2010 | Tarry Town, New York | MPS | Dr. Atnafu Getachew |
| 26 | To participate in the 2nd annual Regional Conference on Immunization (ARCi) and the 17th African Regional Inter-Agency coordination Committee (ARICC) meeting | 05 - 10 Dec. | Ouagadougou, Burkina Faso | EPI | 1. Dr. Pascal Mkanda 2. Dr. Gavin Grant 3. Dr. Neghist Tesfaye - FMOH |
| 27 | Evaluation of Distance Learning Materials on IMCI Core Competencies, Eastern Cape, 7 - 10 December 2010 | 7 - 10 Dec 2010 | Eastern Cape, South Africa | CAH | Dr Sirak Hailu |
| 28 | Meeting to the sharing of Influenza viruses and access to vaccines | 13 to 17 Dec. 2010 | Geneva, Switzerland | DPC | 1. Dr. Almaz Abebe (FMOH) |
| 29 | | | | | |

Annex V

Status of AC Funds as of 31st December 2010

| No. | Strategic Objectives | Allocated Amount (USD) | Obligated/Disbursed amount in USD | Remaining balance for Year 2011 (USD) |
|-----|----------------------|------------------------|-----------------------------------|---------------------------------------|
| 1 | SO 01 | 433,000 | 243,500 | 189,500 |
| 2 | SO 02 | 170,000 | 77,814 | 92,186 |
| 3 | SO 03 | 182,000 | 84,121 | 97,879 |
| 4 | SO 04 | 372,000 | 130,000 | 242,000 |
| 5 | SO 05 | 69,000 | 12,500 | 56,500 |
| 6 | SO 06 | 190,000 | 109,000 | 81,000 |
| 7 | SO 07 | 107,000 | 21,000 | 86,000 |
| 8 | SO 08 | 119,000 | 93,752 | 25,248 |
| 9 | SO 09 | 94,000 | 68,183 | 25,817 |
| 10 | SO 10 | 403,000 | 224,309 | 178,691 |
| 11 | SO 11 | 104,000 | 79,200 | 24,800 |
| 12 | SO 12 | 1,123,000 | 273,500 | 849,500 |
| 13 | SO 13 | 1,525,000 | 585,500 | 939,500 |
| | Total | 4,891,000 | 2,002,379 | 2,888,621 |

Implementation rate for the year 2010 = 41%

Annex VI

Status of VC Funds as of 31st December 2010

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-----|----------------------|----------------------|------------------------|--|---|---|
| No. | Strategic Objectives | Planned Amount (USD) | Amount received in USD | Obligated/Disbursed from the total received amount | Remaining balance for Year 2011 (USD) (4-5) | Major Donors |
| 1 | SO 01 | 36,672,000 | 15,347,243 | 14,859,489 | 487,754 | USAID, CDC, GAVI, UNF, Gates Foundation, NORAD, Spain |
| 2 | SO 02 | 15,284,000 | 9,163,583 | 6,517,474 | 2,646,109 | USAID, CDC, Spain, KNCV |
| 3 | SO 03 | 806,000 | 50,713 | 50,713 | - | WB, Japan |
| 4 | SO 04 | 4,387,000 | 890,049 | 798,549 | 91,500 | CIDA, USAID |
| 5 | SO 05 | 4,774,000 | 1,991,745 | 1,991,745 | - | CERF/HRF |
| 6 | SO 06 | 1,048,000 | 6,000 | 6,000 | - | AFRO |
| 7 | SO 07 | 231,000 | - | - | - | - |
| 8 | SO 08 | 743,000 | 44,553 | 44,553 | - | AFRO |
| 9 | SO 09 | 1,906,000 | - | - | - | - |
| 10 | SO 10 | 8,942,000 | 15,500 | 15,500 | - | AFRO |
| 11 | SO 11 | 1,312,000 | 485,700 | 485,700 | - | EC, HQ |
| 12 | SO 12 | - | - | - | - | - |
| 13 | SO 13 | 688,000 | - | - | - | - |
| | Total | 76,793,000 | 27,995,086 | 24,769,723 | 3,225,363 | |

Implementation rate for the year 2010 (Disbursed from the total receipt) = 88%



WHO Country Office
UNECA Compound
New Bld. Ground Floor
P.O.Box 3069
Addis Ababa, Ethiopia
Telephone 251-11-553 4777

