Ethiopia MIS 2007 and The way forward

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Introduction

• Malaria is seasonal in Ethiopia, leading to unstable transmission that renders the country prone to epidemics.

• Areas below 2000m of altitude are considered malarious and targeted to receive key malaria control interventions: distribution of Insecticide-treated nets (ITNs), indoor residual spraying (IRS) and prompt and effective case management with artemisinin-based combination therapy (ACT).

• Ethiopia’s first MIS was conducted in late 2007; over 7,500 households (HH) were surveyed in more than 300 enumeration areas.
1. Net ownership and percentage of HH that received IRS, 2005 and 2007

- **% HH with at least one net**
- **% HH with at least one ITN**
- **% HH that received IRS**
- **% of HH protected by ITNs or IRS**

**RBM Global Strategic plan targets**

**RBM Abuja targets**

**Legend**
- DHS 2005
- MIS 2007 - national
- MIS 2007 - <2000m
2. Fever prevalence and use of antimalarial drugs among children under five years of age, 2005 and 2007

- % children who slept under a net
- % children who slept under an ITN
- % children who slept under an ITN in HH with at least one ITN

RBM Global Strategic plan targets
RBM Abuja targets

DHS 2005
MIS 2007 - national
MIS 2007 - <2000m
### 4. Parasitemia and anemia

<table>
<thead>
<tr>
<th></th>
<th>Parasite prevalence in all age groups (%)</th>
<th>% children under five years of age with severe anemia (Hb&lt;8g/dl)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>P. falciparum</strong></td>
<td><strong>P. vivax</strong></td>
</tr>
<tr>
<td>Nationwide</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Malarious areas (below 2,000m)</td>
<td><strong>0.7</strong></td>
<td>0.3</td>
</tr>
</tbody>
</table>
Weighted mean of percentage decline of malaria admission, death, outpatient cases key malaria indicators in children under 5 year and >5 years, Ethiopia 2001-2007.

<table>
<thead>
<tr>
<th>Age</th>
<th>admission</th>
<th>Death</th>
<th>OPD malaria</th>
<th>OPD malaria confirmed</th>
<th>Slide positivity rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 5 years</td>
<td>-55%</td>
<td>-34%</td>
<td>-48%</td>
<td>-70%</td>
<td>---</td>
</tr>
<tr>
<td>&lt; 5 years</td>
<td>-52%</td>
<td>-56%</td>
<td>-47%</td>
<td>-61%</td>
<td>---</td>
</tr>
<tr>
<td>All ages</td>
<td>-54%</td>
<td>-55%</td>
<td>-48%</td>
<td>-67%</td>
<td>-38%</td>
</tr>
</tbody>
</table>

Compared: Mean 2001 –2004 as baseline Vs 2007 data

Source: Global Malaria Program Department, WHO, Geneva
The way forward

• The plan to conduct the next MIS is in 2010
  – Why and How?
    • Because we wanted to dig the opportunity of the next DHS survey (2010)
    • Based on a previous experience, the ministry will try to convince CSA to incorporate the MIS indicators into DHS
    • If we are not successful in doing so, we will plan a separate MIS 2010 (budget available)

• Content: coverage, impact (indicators specific to Ethiopian malaria situation)
The way forward

• In 2009 we planned to conduct health facility based morbidity and mortality survey—assess impact
  –WHY?? The data collected through HMIS and Surveillance system is not representative – poor coverage and incompleteness
  –Sentinel sites???

• Case detection & Rx
  –The health extension workers go from house to house to find fever case – Dx and Rx
  –All villages have 2 HEW for a population of 5000