



Ethiopia MIS 2007 and The way forward

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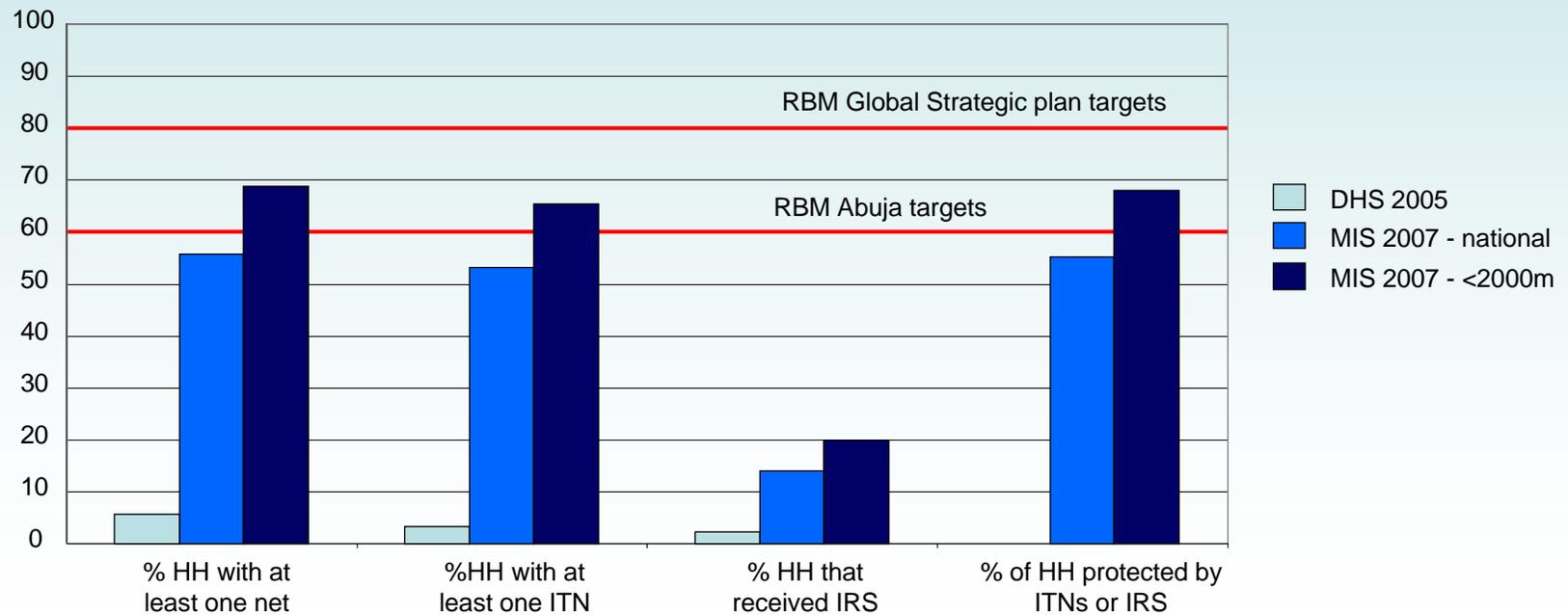
Introduction

- 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.



Results from the 2007 Malaria Indicator Survey

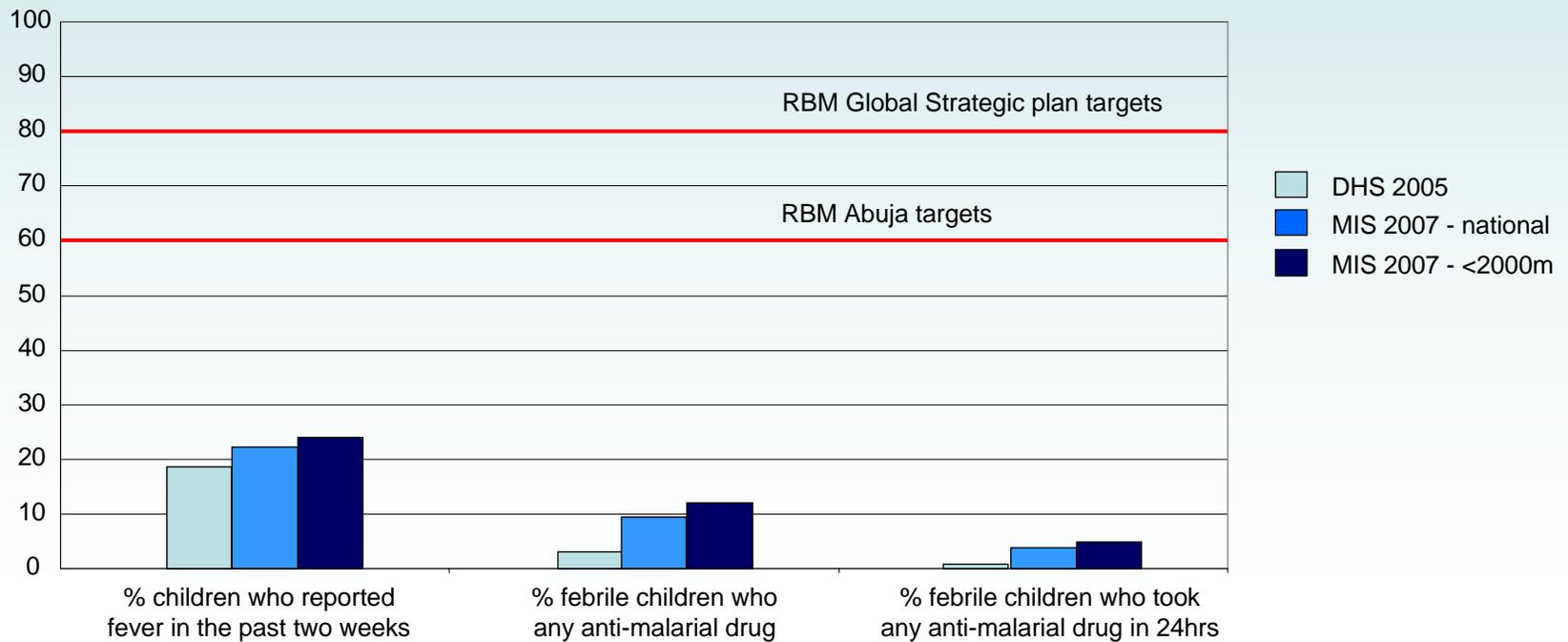
1. Net ownership and percentage of HH that received IRS, 2005 and 2007





Results from the 2007 Malaria Indicator Survey - Continued

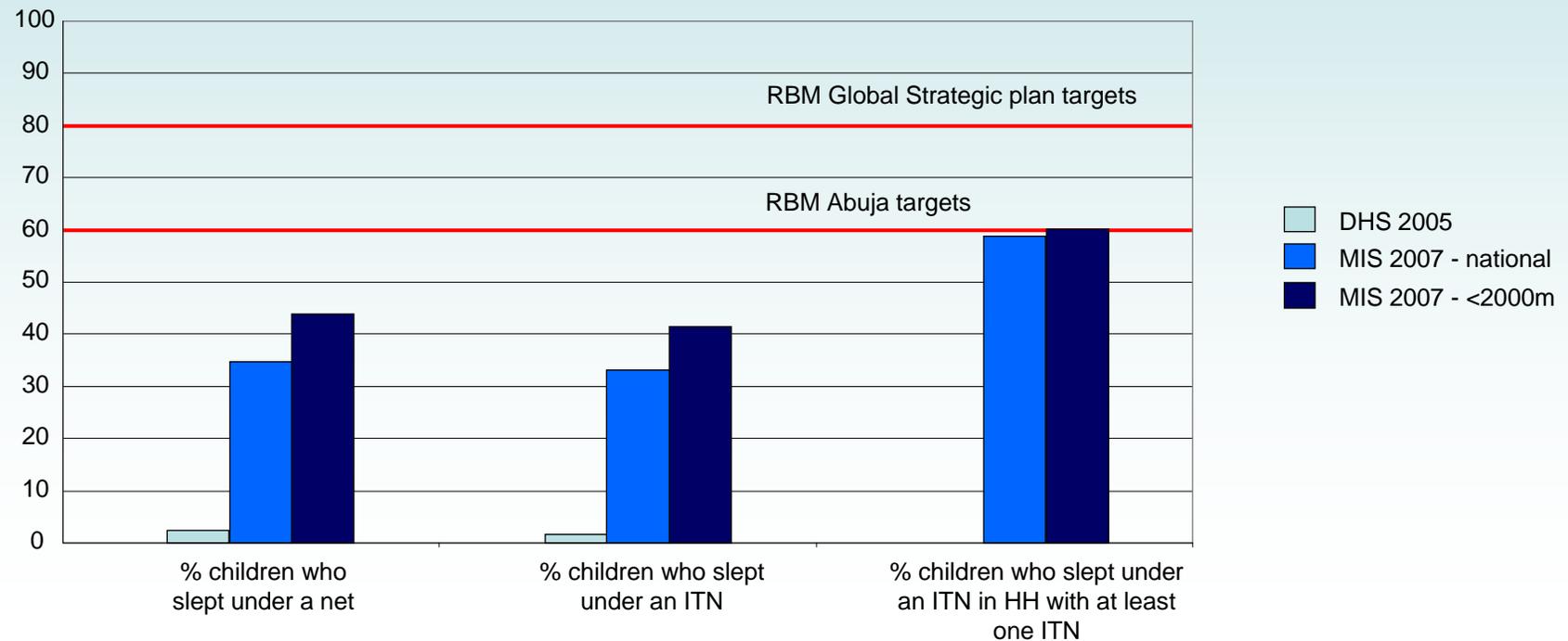
2. Fever prevalence and use of antimalarial drugs among children under five years of age, 2005 and 2007





Results from the 2007 Malaria Indicator Survey - Continued

3. Net use among children under age five years, 2005 and 2007





Results from the 2007 Malaria Indicator Survey - Continued

4. Parasitemia and anemia

	Parasite prevalence in all age groups (%)			% children under five years of age with severe anemia (Hb<8g/dl)
	<i>P. falciparum</i>	<i>P. vivax</i>	Total	
Nationwide	0.5	0.2	0.7	5.5
Malarious areas (below 2,000m)	0.7	0.3	0.9	6.6



Trends in Malaria Morbidity and Mortality

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.

Age	admission	Death	OPD malaria	OPD malaria -confirmed	Slide positivity rate
≥ 5 years	-55%	-34%	-48%	-70%	---
< 5 years	-52%	-56%	-47%	-61%	---
All ages	-54%	-55%	-48%	-67%	-38%

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