Statement by Dr. Peter Salama,
UNICEF Representative to Ethiopia
On the occasion of the Grant Agreement Signing Ceremony – Sustaining Malaria Reduction Intervention in Ethiopia
19 December 2012 - Federal Ministry of Health – Councils meeting hall

- Your Excellency, the Minister of Health, Dr. Kesetebirhan Admasu
- Your Excellency, the US Ambassador to Ethiopia, Mr Donald E. Booth
- USAID Head of Mission, Mr. Dennis Weller
- CDC Country Director, Dr Tom Kenyon
- Senior Government Officials here present
- UN colleagues,
- Civil Society Partners,
- Members of the Media
- And Distinguished Guests

It is a real honour and privilege for me to be here today to celebrate the very significant contribution being made by the President's Malaria Initiative (PMI), through UNICEF, to Ethiopia. I would also like to take this opportunity to recognise the remarkable progress being made in Ethiopia, both in reducing the burden of malaria and in making progress on child survival more generally.

Today, as we sign this grant agreement, we mark another milestone in the strong, multi-year partnership between the Federal Ministry of Health, the United States Government, and UNICEF. This is a partnership that is delivering results for the women and children of Ethiopia. This new grant of $100 million USD will be implemented over the next five years. The goal is to consolidate the achievements made so far and to contribute to a further reduction of malaria morbidity and mortality in Ethiopia.

The activities supported through this grant are fully aligned with the MOH's national strategic plan for malaria and build upon investments made by the Government of Ethiopia and partners over several years. Specifically, 11 million long lasting insecticide treated nets will be procured and distributed, as well as 12.6 million courses of ACT treatment, and 16.5 million multi-species rapid diagnostic tests. In addition to the procurement we will support improved national planning in supply and logistics for malaria commodities and the continued roll-out of integrated community case management of common childhood illnesses (iCCM). Finally, major emphasis will be placed on ensuring the collective capacity is in place to prevent and respond to malaria epidemics, whenever and wherever they occur, across the country.

Recognizing that with the technologies available today, no child or mother need die from malaria, ultimately, the aim of this work, is to achieve near zero malaria transmission in at risk woredas. Indeed, the Roll Back Malaria partnership has set the specific and ambitious targets of reducing malaria cases by 75% from 2000 levels and reducing malaria deaths to near zero by 2015. I believe that Ethiopia will achieve these targets for several reasons. First, this grant is certainly not ground zero in the fight against malaria in Ethiopia- it builds on a rich and proud malaria programme and public health history in this country. Since 2005, over 40 million bed nets have been distributed to families living in malaria-prone areas in Ethiopia.
In Oromia regional state alone, for example, UNICEF with the support of the USG has procured and distributed 5.8 million LLINs over the last four years. Overall, in malarious areas of Ethiopia, nearly 55% of all households have at least one long-lasting insecticide-treated net. The country has not experienced a major malaria epidemic since the year, 2003/4.

In addition, the success is not confined to the area of prevention; increasingly progress is being seen in the curative realm. According to the most recent Malaria Indicator Survey, the percentage of children under five, whose families sought medical attention for fever within 24 hours of its onset, has steadily risen from 15% in 2007 to 51% in 2011. There is no doubt that this massive improvement in prompt and effective treatment of children suffering from malaria has contributed in a major way to the historic reductions in under 5 mortality seen in Ethiopia over the past decade.

Ladies and gentleman, although excellent progress has been made in the fight against malaria, some challenges still remain. First, we must work to ensure that lifesaving drugs are available at community level at all times and without interruption in supply. Second, while the availability of supplies is a necessary condition for success, it is not sufficient- we must also ensure that people are aware of the value and benefits of these live-saving technologies and how to best utilize them. We believe the outreach provided by the health extension programme and the health development army provides an excellent platform for such social mobilization.

Finally, I would like to situate today's discussion in the context of the MDGs and the global progress being made in child survival. Today, more children survive to their fifth birthday than ever before. The global number of deaths among children under-five has fallen from around 12 million in 1990 to an estimated 6.9 million in 2011. In Ethiopia, the rate of progress has been even faster than that at the global level - the most recent estimates project an U5MR of 77 per 1,000 live births – in essence the under 5 mortality rate, mirroring the progress made in the area of malaria, has been halved in around 10 years. This achievement was driven by political commitment, advances in science and technology, and improvements in health, nutrition and family planning services, particularly in the rural areas. Indeed, Ethiopia has, in many ways, been at the forefront when it comes to ensuring basic services for women and children. In particular, by bringing basic health services to the doorstep of the rural population, the health extension programme has made a significant contribution. Over 38,000 Health Extension Workers, the majority of them young women, have been deployed to over 15,000 health posts right across the country. The result of all of this is that Ethiopia is now on track to achieve MDG 4. Our collective challenge will now be to ensure even progress across the country and that the MDGs when they are achieved, will be achieved with equity.

Finally, I would like to thank the United States Government, for the global and country leadership that it has taken on malaria and child survival through the PMI and the work of USAID and CDC. Ambassador Booth, I would also like to also thank-you for your personal commitment to the issue of child survival. Clearly no sustainable progress would be possible without the exemplary leadership of the Federal Ministry of Health. So let me also take this opportunity to thank Dr Kesete for your leadership and congratulate you on your appointment as the Federal Minister of Health-your commitment -to results, to excellence, and to evidence, has resulted in Ethiopia now taking a leadership role in global initiatives such as the Call to Action on Child Survival- A Promise Renewed, and the Scaling Up Nutrition movement.
Finally, let me say that there is no higher priority for UNICEF than supporting the country to achieve and surpass the health-related MDGs- you can count on us to make every effort in pursuit of this noble endeavour.

I thank you.

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