CMAM 2021

22-25 March

VIRTUAL CONFERENCE

# CMAM – Ethiopia


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## Ministry of Health


CONCERN worldwide

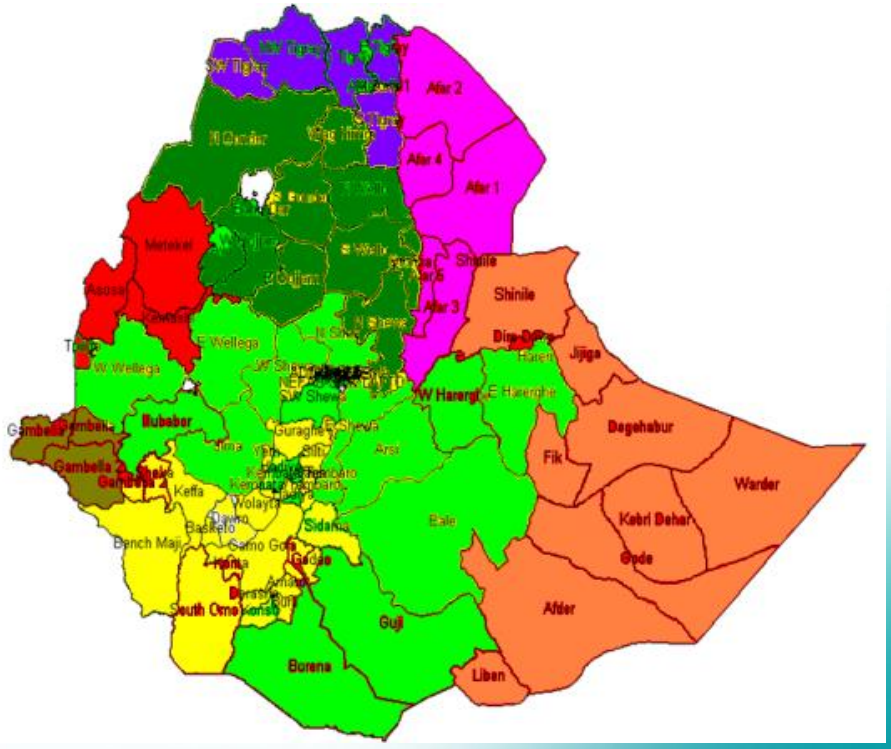
Irish Aid
An Roinn Gnóthaí Eachtracha agus Trádála
Department of Foreign Affairs and Trade

# Ethiopia: Profile

- Population: 114.96 million
- Stunting: 36.8%
- Wasting: 7.2%
- U5 Overweight: 2.1%
- LBW: 11%

Mortality

- IMR: 34 per 1000 LB
- U5MR 55 per 1000 LB
- MMR: 401 per 100,000 LB



# History of CMAM scale up in Ethiopia

- Ethiopia: started (piloting) in 2000
- Large expansion via UN and INGO supported programmes, mostly as emergency response
- The national protocol for SAM case management revised in March 2007 to include out-patient management of SAM
- Full integration into the health system (PHC) – in 2008 with task shifting to Health Extension Workers (HEWs)
- CMAM roll out throughout the country – 100,000 to 250,000 children with SAM successfully treated annually, from 2010.

## History, continued

→ CMAM conference, hosted by the Government of Ethiopia in 2011

- 22 African and Asian countries shared experiences – focussing on scale up of CMAM and integration into routine health services

**By 2021:**

→ Service availability (geographic vs service coverage): SAM treatment services have a geographical coverage of roughly 95%.

→ For MAM, the geographical coverage is much less; maybe only 25%

→ In 2020, 438,000 SAM children were reached – recovery rate of 89% further 1.8 million children and PLW with MAM treated.

# Adaptations/Simplification

→ Simplification of referral and identification of wasting – use of MUAC with front line workers (HEWs)

→ Other key adaptations when task shifting, e.g. antibiotics included as part of protocol so they don't need to be 'prescribed'

→ Further simplification of approaches have continued e.g. Family MUAC approach that is being piloted currently.

# Strengthened Governance

→ Impressive coordinated and sustained support from partners and global networks

→ Supply chain management system

→ Continued development/ updating of guidelines (+ resources)

→ Continued M & E

# Key learnings

- → Government ownership and commitment is the key to scaling up
- → Need for systems to monitor and maintain the quality of services early on
- → Frontline health care workers are able to successfully identify, refer and treat SAM
- → Anticipate a need for major investment for the supply and logistic system of the MoH (as the weight and volume of products required per case is large)
- → Coverage of treatment services can therefore scale up to reach large numbers of children

# Main challenges ahead

→ Strengthen prevention efforts
  – as wasting will contribute to high stunting rates.
  – Also more services for MAM in Eth needed now

→ Unpredictable emergencies (Climate) including Pandemics – all demand resources/ manpower/ supplies

→ Staff turnover

→ Needs to be more simplified and integrated interventions/ actions

→ High cost of RUTF - Need to develop local product

→ *Global panel agenda – lots of demands coming in*

# THANK YOU!!

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