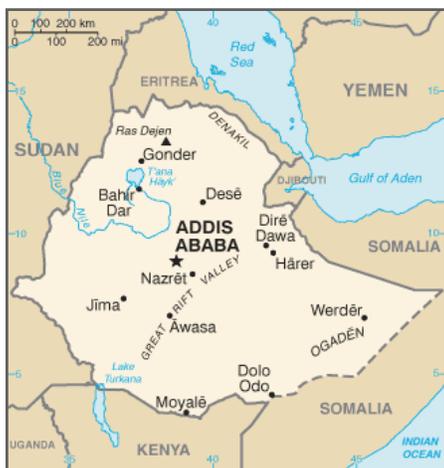


ETHIOPIA



AT A GLANCE

Population (2016):
102.4 million¹

Population at risk of malaria
(2014): **68%²**

Malaria incidence/1,000
population at risk (2013): **118³**

Under-five mortality rate (2011):
88/1,000 live births⁴

1 U.S. Census Bureau, International Data Base 2015

2 WHO, *World Malaria Report 2015*

3 WHO, *World Health Statistics 2016*

4 Demographic and Health Survey (DHS) 2011

The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, toward the long-term goal of elimination.

Country Context

Ethiopia, Africa's second oldest independent country, has one of the fastest growing non-oil economies on the continent. Heavily dependent on agriculture, the country is greatly affected by periods of drought. The health system is organized as a three-tier system with health extension workers providing preventative and curative services at the community level.

Though its prevalence in Ethiopia is relatively low compared to other African nations, malaria remains the leading cause of outpatient morbidity and is among the leading causes of inpatient morbidity. Nearly 70 percent of the population lives in areas at risk of malaria, generally at elevations below 2,000 meters above sea level. Recently, many densely populated highland areas, including the city of Addis Ababa, were classified as malaria-free. In Ethiopia, transmission patterns are unstable, and large-scale epidemics are seen every 5 to 8 years. Because peak transmission coincides with the planting and harvesting season, malaria places a heavy economic burden on the country. The majority of malaria infections are due to *Plasmodium falciparum*. Insecticide resistance among vectors and antimalarial drug resistance have been documented in the country.

Although much of Ethiopia remains at risk of malaria, routine surveillance data from the last decade have noted declines in malaria outpatient morbidity and inpatient mortality trends. Prompt access to rational malaria case management including laboratory-based diagnosis in remote rural areas has improved dramatically over the last decade together with surveillance systems that capture malaria morbidity and mortality. While a major focus continues to be on Oromia Regional State, the availability of increased PMI funding for malaria activities since 2010 and progress made in Oromia allowed PMI to progressively support additional National Malaria Control Plan activities outside of Oromia Regional State, including procurement of malaria commodities to fill periodic, national gaps.

Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Ethiopia.

Ethiopia Malaria Indicators	PMI Baseline (MIS 2007)*	MIS 2011
All-cause under-five mortality rate	123/1,000 (DHS 2005, national)	88/1,000 (DHS 2011, national)
Proportion of households with at least one ITN	41% (Oromia)	44% (Oromia)
Proportion of children under five years old who slept under an ITN the previous night	24% (Oromia)	27% (Oromia)
Proportion of pregnant women who slept under an ITN the previous night	29% (Oromia)	27% (Oromia)
Proportion of women who received two or more doses of intermittent preventive treatment for pregnant women (IPTp) during their last pregnancy in the last 2 years	Not part of National Malaria Control Program Strategy	

* MIS - Malaria Indicator Survey

PMI Contributions Summary

Ethiopia is currently in its ninth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2015 and cumulatively across the key intervention areas.

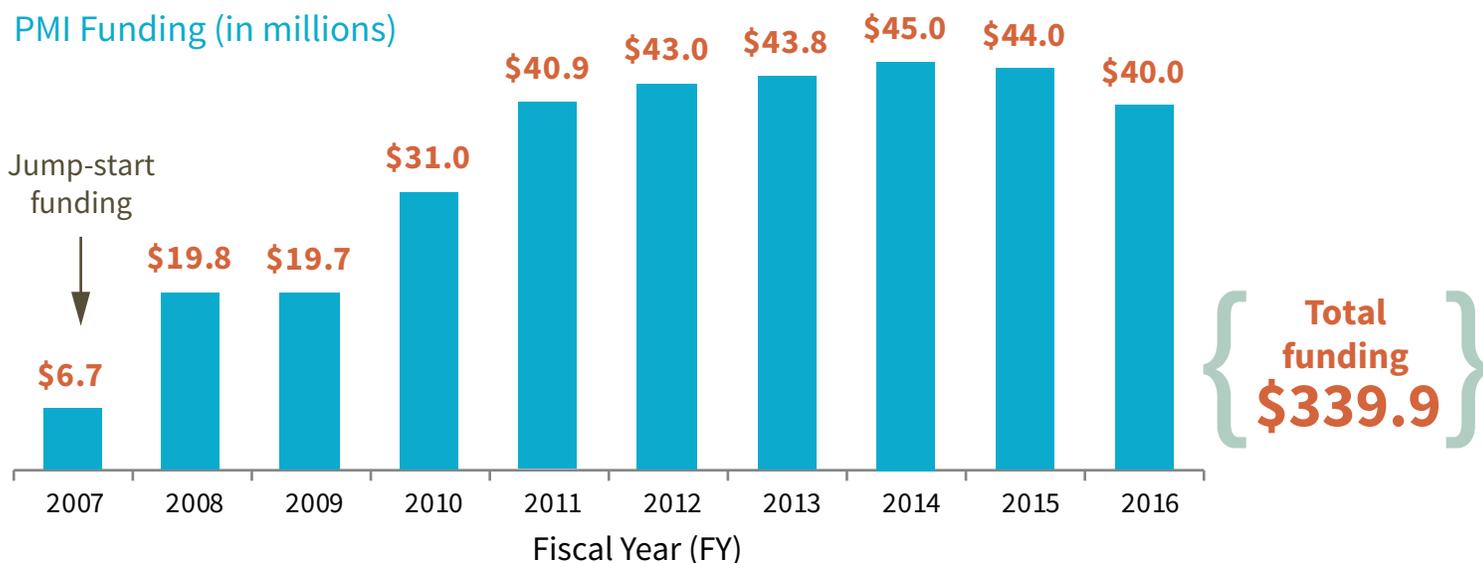
		PMI CONTRIBUTIONS ¹	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	3,500,000	19,569,129
		ITNs distributed	3,552,000	16,752,499
		ITNs procured by other donors and distributed with PMI support	0	475,000
Indoor Residual Spraying		Houses sprayed	704,945	n/a ²
		Residents protected	1,665,997	n/a ²
Rapid Diagnostic Tests		RDTs procured	0	3,240,000
		RDTs distributed	0	3,240,000
Artemisinin-based Combination Therapy		ACTs procured	0	12,346,630
		ACTs distributed	1,800,000	11,146,630
Health Workers		Health workers trained in treatment with ACTs	3,179	n/a ³
		Health workers trained in malaria diagnosis	789	n/a ³

¹ The data reported in this table are up-to-date as of September 30, 2015. Please refer to Appendix 2 of the [2016 PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

² A cumulative count of the number of houses sprayed and residents protected is not provided since many areas were sprayed on more than one occasion.

³ A cumulative count of individual health workers trained is not provided since some health workers were trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2016 PMI activities in Ethiopia, please see the [Ethiopia Malaria Operational Plan](#).