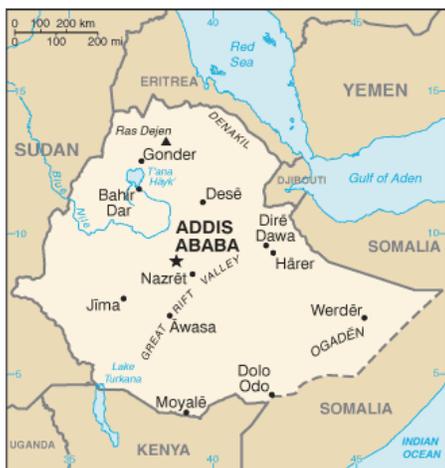


## ETHIOPIA



### AT A GLANCE

Population (2017):  
**105.0 million<sup>1</sup>**

Population at risk of malaria  
(2016): **68%<sup>2</sup>**

Malaria incidence/1,000  
population at risk (2015): **58.6<sup>3</sup>**

Under-five mortality rate (2016):  
**67/1,000 live births<sup>4</sup>**

1 World Bank, Population Estimates & Projections 2017

2 WHO, World Malaria Report 2017

3 WHO, World Health Statistics 2017

4 Demographic and Health Survey (DHS) 2016

### 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 60 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. Because peak transmission coincides with the planting and harvesting season, malaria places a heavy economic burden on the country. Sixty percent of malaria infections are due to *Plasmodium falciparum* parasite though the *Plasmodium vivax* parasite is also present. 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 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. PMI Ethiopia provides technical expertise and resources to support the Ethiopian Ministry of Health's National Malaria Control Program in achieving malaria prevention, control, and elimination nationwide.

### 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	MIS 2015/2016
All-cause under-five mortality rate	123/1,000 (DHS 2005, national)	88/1,000 (DHS 2011, national)	67/1,000 (DHS 2016, national)
Proportion of households with at least one ITN	65% (<2,000 m)	55% (<2,000 m)	64% (<2,000 m)
Proportion of children under five years old who slept under an ITN the previous night	41% (<2,000 m)	38% (<2,000 m)	45% (<2,000 m)
Proportion of pregnant women who slept under an ITN the previous night	42% (<2,000 m)	35% (<2,000 m)	44% (<2,000 m)
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

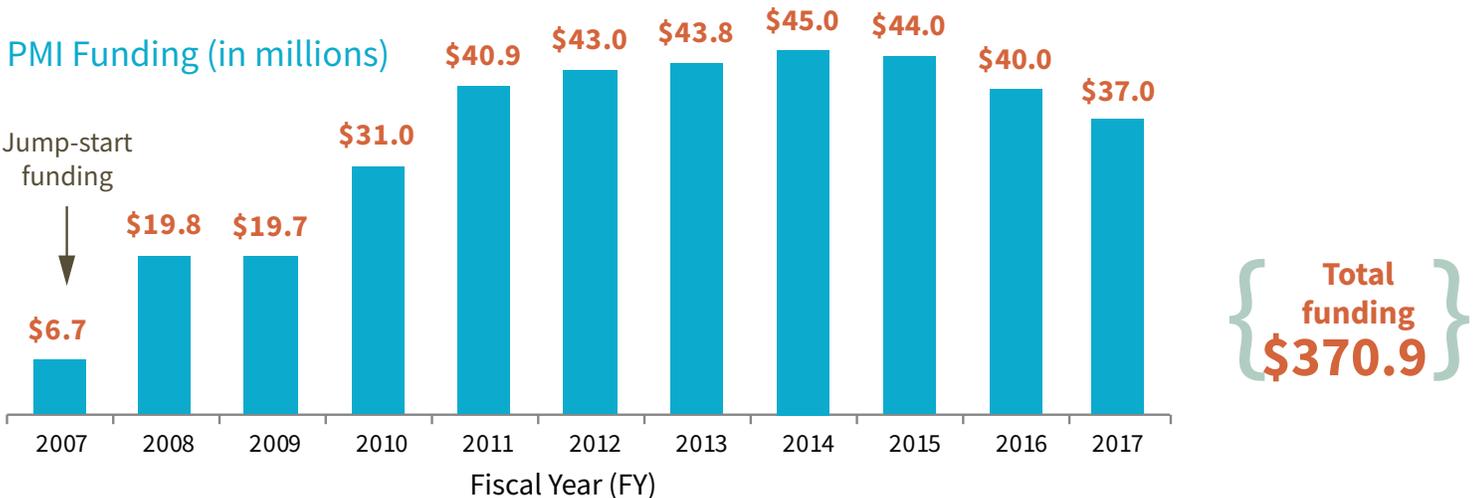
Ethiopia is currently in its eleventh year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2017 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS <sup>1</sup>	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	7,335,850	26,904,979
		ITNs distributed	0	19,569,129
		ITNs procured by other donors and distributed with PMI support	0	475,000
Indoor Residual Spraying		Houses sprayed	738,810	n/a <sup>2</sup>
		Residents protected	1,877,154	n/a <sup>2</sup>
Rapid Diagnostic Tests		RDTs procured	3,000,000	9,240,000
		RDTs distributed	3,000,000	9,240,000
Artemisinin-based Combination Therapy		ACTs procured	2,715,000	15,061,630
		ACTs distributed	2,715,000	15,061,630
Health Workers		Health workers trained in treatment with ACTs	809	n/a <sup>3</sup>
		Health workers trained in malaria diagnosis	0	n/a <sup>3</sup>

1 The data reported in this table are up-to-date as of September 30, 2017. Please refer to Appendix 2 of the [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.



For details on FY 2018 PMI activities in Ethiopia, please see the [Ethiopia Malaria Operational Plan](#).