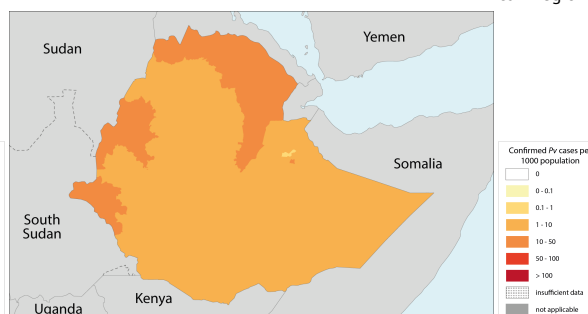
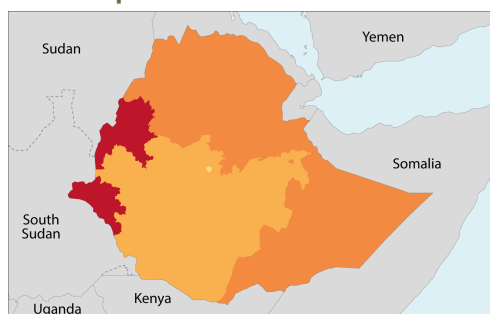


Ethiopia

African Region



I. Epidemiological profile

Population (UN Population Division)	2017	%
High transmission (>1 case per 1000 population)	28.5M	27
Low transmission (0-1 case per 1000 population)	42.8M	41
Malaria free (0 cases)	33.6M	32
Total	105M	

Parasites and vectors	
Major plasmodium species:	<i>P.falciparum</i> : 69 (%) , <i>P.vivax</i> : 30 (%)
Major anopheles species:	<i>An. arabiensis</i> , <i>An. pharoensis</i> , <i>An. funestus</i> , <i>An. nili</i>

Reported cases and deaths	
Reported confirmed cases (health facility):	1 530 739
Confirmed cases at community level:	-
Confirmed cases from private sector:	-
Reported deaths:	356

Estimates	
Estimated cases:	2.7M [537.8K, 6.3M]
Estimated deaths:	5.4K [78, 16.7K]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2004
	ITNs/LLINs distributed to all age groups	Yes	2004
IRS	IRS is recommended	Yes	1960
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes	1960
IPT	IPT used to prevent malaria during pregnancy	No	1997
Diagnosis	Patients of all ages should receive diagnostic test	Yes	1960
	Malaria diagnosis is free of charge in the public sector	Yes	1960
Treatment	ACT is free for all ages in public sector	Yes	2004
	The sale of oral artemisinin-based monotherapies (oAMTs) has never been allowed	has never been allowed	2004
	Single dose of primaquine (0.25 mg base/kg) is used as gametocidal medicine for <i>P. falciparum</i>	Yes	2018
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2018
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring of adverse reaction to antimalarials exists	Yes	-
	ACD for case investigation (reactive)	No	-
	ACD at community level of febrile cases (pro-active)	No	-
	Mass screening is undertaken	No	-
Surveillance	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case and foci investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	2005

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of <i>P. falciparum</i>	AL	2004
For treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	AS; AM; QN	2004
Treatment of <i>P. vivax</i>	CQ	2004
Dosage of primaquine for radical treatment of <i>P. vivax</i>		
Type of RDT used	Pf + Pv specific (Combo)	

Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2010-2016	0	1.15	8	28 days	20	<i>P. falciparum</i>
CQ	2010-2014	3	5.1	22	28 days	6	<i>P. vivax</i>

Resistance status by insecticide class (2010-2017) and use of class for malaria vector control (2017)					
Insecticide class	Years	(%) sites ¹	Vectors ²	Used ³	
Carbamates	2010-2017	10.98% (82)	<i>An. arabiensis</i> , <i>An. gambiae</i> s.l.	Yes	
Organochlorines	2010-2017	98.61% (72)	<i>An. arabiensis</i> , <i>An. gambiae</i> s.l.	No	
Organophosphates	2010-2017	50% (82)	<i>An. arabiensis</i> , <i>An. gambiae</i> s.l.	Yes	
Pyrethroids	2010-2017	89.77% (88)	<i>An. arabiensis</i> , <i>An. gambiae</i> s.l.	Yes	

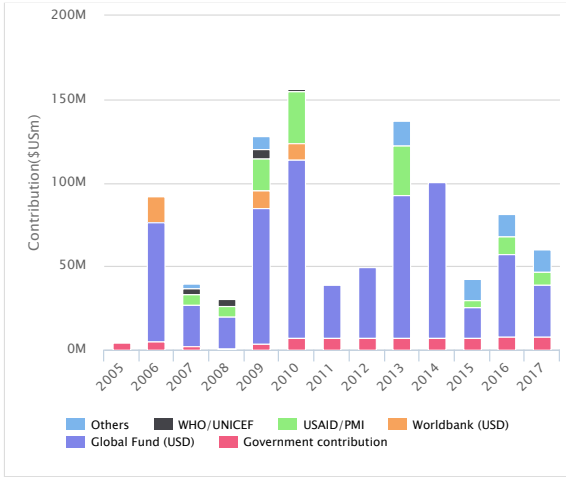
¹Percent of sites for which resistance confirmed and total number of sites that reported data (n)

²Principal vectors that exhibited resistance

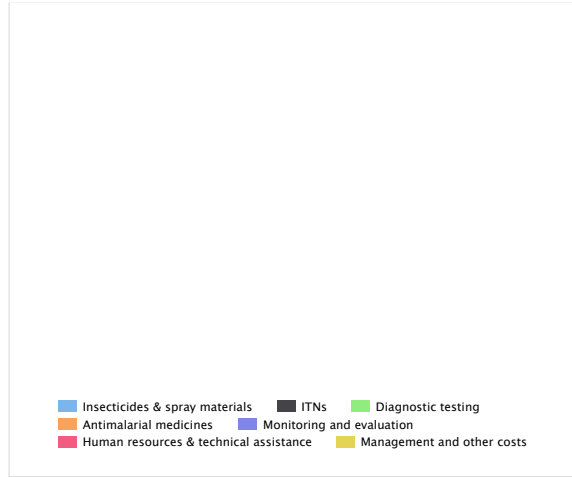
³Class used for malaria vector control in 2017

III. Charts

Sources of financing

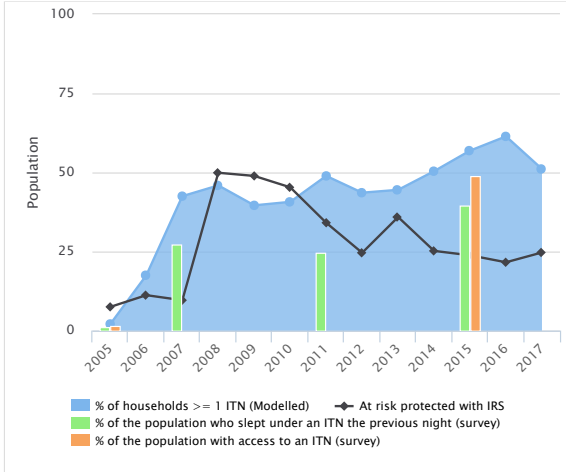


Government expenditure by intervention in 2017



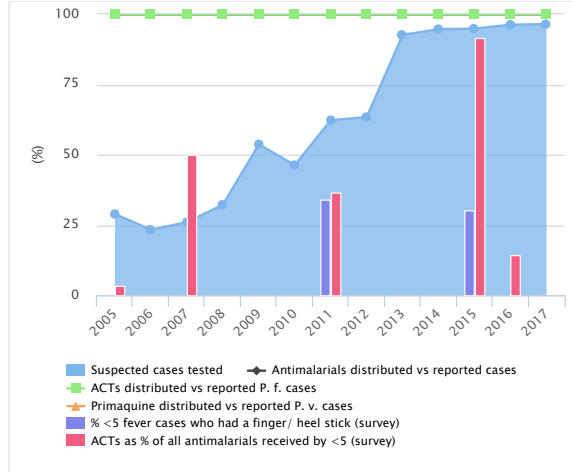
IV. Coverage

Coverage of ITN and IRS



Source: DHS 2005, MIS (est.) 2007, 2011, MIS 2015

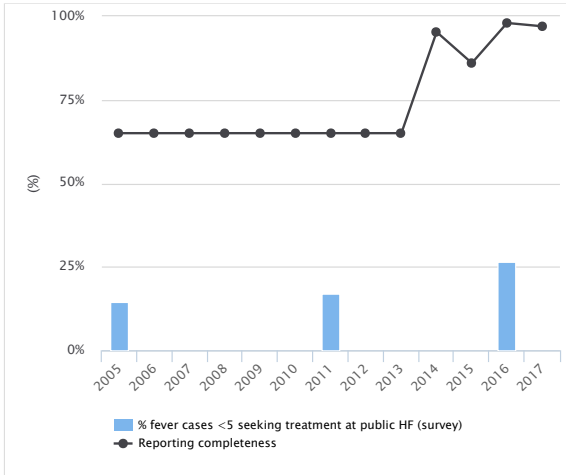
Cases tested and treated in public sector



Source: DHS (est.) 2005, DHS 2016, MIS (est.) 2007, 2011, 2015, MIS 2017

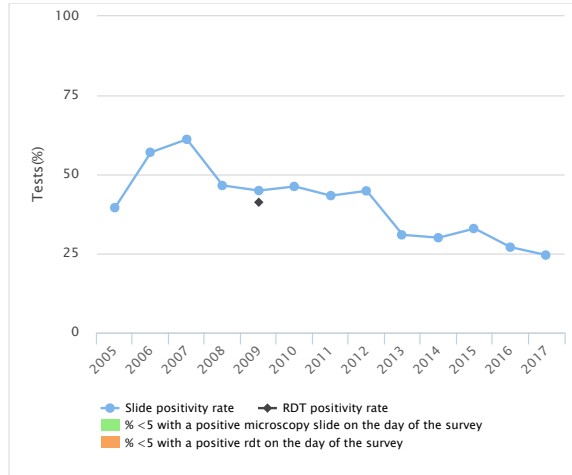
V. Impact

Cases treated



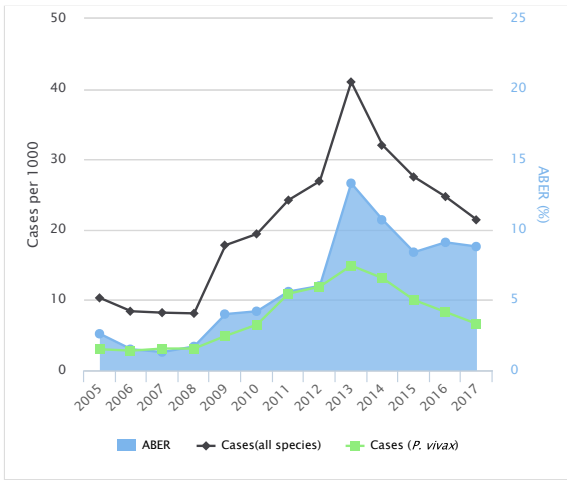
Source: DHS 2005, 2011, 2016

Test positivity

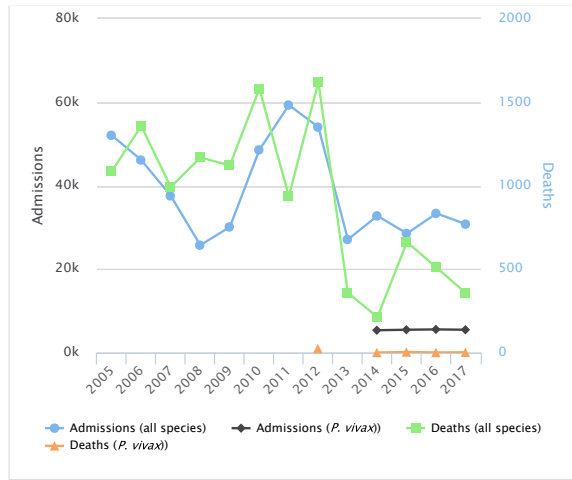


V. Impact

Confirmed malaria cases per 1000 and ABER



Malaria admissions and deaths



Footnotes
(est.) : WHO estimates based on the survey