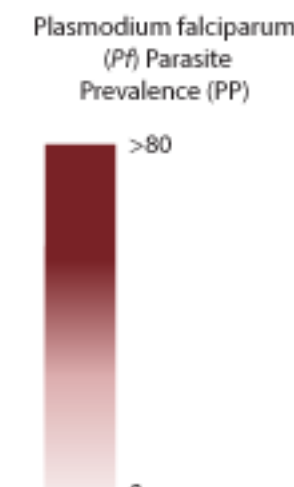
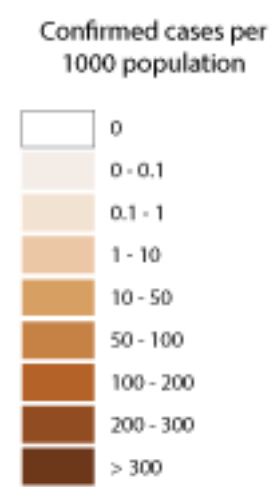


# Ethiopia

## African Region



### I. Epidemiological profile

Population (UN)	2015	%	Parasites and vectors
High transmission (> 1 case per 1000 population)	27,000,000	27	Plasmodium species: <i>P. falciparum</i> (64%), <i>P. vivax</i> (36%)
Low transmission (0-1 cases per 1000 population)	40,600,000	41	Major anopheles species: <i>An. arabiensis</i> , <i>An. pharoensis</i> , <i>An. funestus</i> , <i>An. nili</i>
Malaria-free (0 cases)	31,800,000	32	Reported confirmed cases (health facility): 1,867,059 Estimated cases: 2,800,000 [820,000 ; 5,500,000]
Total	99,390,000		Confirmed cases at community level: - Reported deaths: 662 Estimated deaths: 4,900 [240 ; 13,000]

### II. Intervention policies and strategies

Intervention	Policies/strategies	Yes/No	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 authorized for IRS	No	-
Larval control	Use of larval control recommended	Yes	1960
IPT	IPT used to prevent malaria during pregnancy	No	-
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 of charge for all ages in public sector	Yes	2004
	The sale of oral artemisinin-based monotherapies (oAMTs)	Never allowed	2004
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	No	-
	G6PD test is a requirement before treatment with primaquine	No	-
	Directly observed treatment with primaquine is undertaken	No	-
	System for monitoring adverse reactions to antimalarials exists	Yes	-
Surveillance	ACD for case investigation (reactive)	No	-
	ACD of febrile cases at community level (pro-active)	No	-
	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Foci and case investigation undertaken	-	-
Case reporting from private sector is mandatory	No	-	

Antimalarial treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of <i>P. falciparum</i>	AL	2004
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 pf RDT used	P.f + P.v specific (Combo)	

#### Therapeutic efficacy tests (clinical and parasitological failure, %)

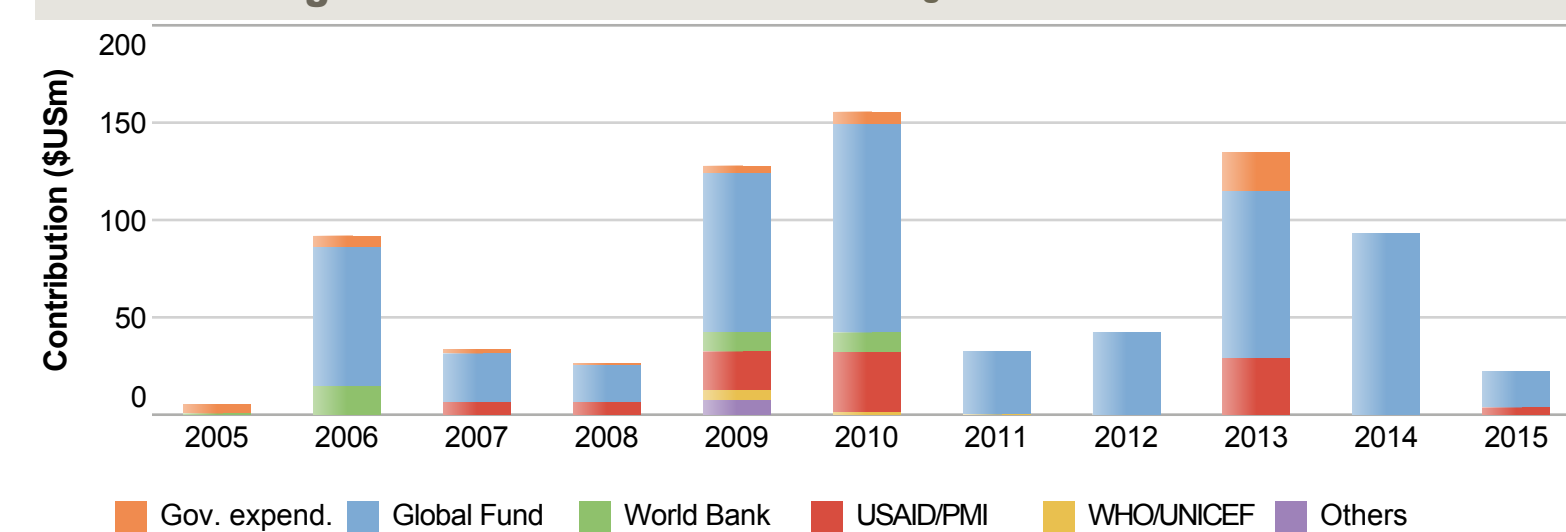
Medicine	Year	Min	Median	Max	Follow-up	No of studies	Species
AL	2006-2015	0	1.1	7.5	28 days	25	<i>P. falciparum</i>
QN	2006-2006	10	10	10	28 days	1	<i>P. falciparum</i>
CQ	2006-2014	3	5.4	22	28 days	10	<i>P. vivax</i>

#### Insecticide susceptibility bioassays (reported resistance to at least one insecticide for any vector at any locality)

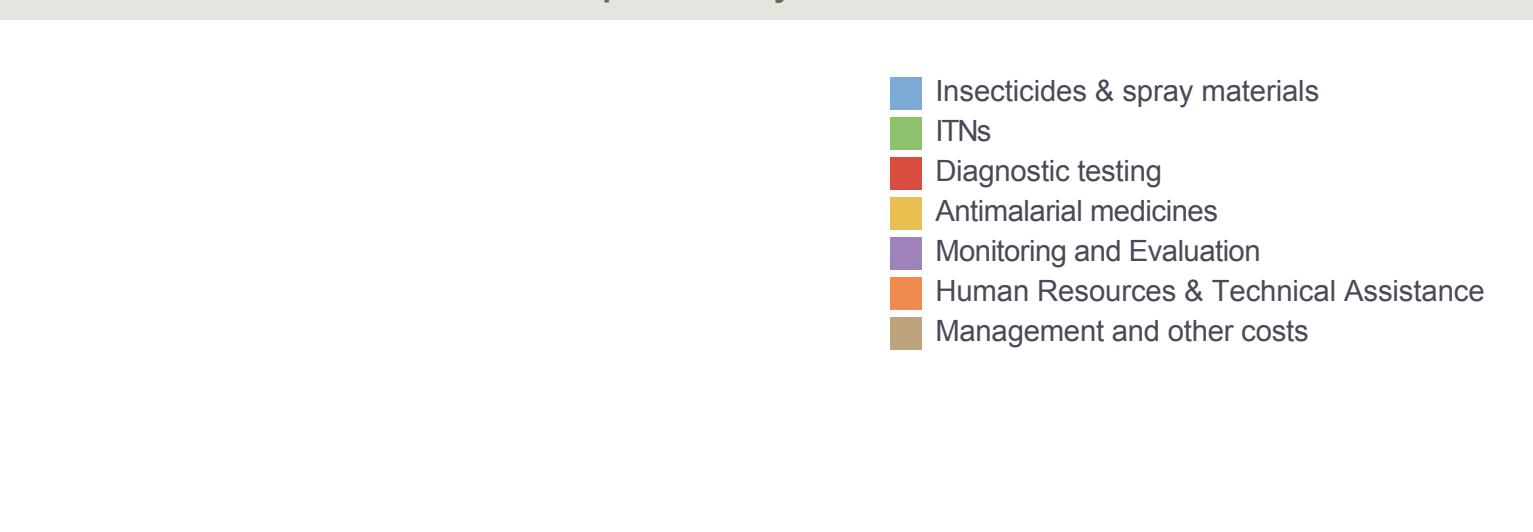
Year	Pyrethroid	DDT	Carbamate	Organophosphate	Species/complex tested
2010-2014	Yes	Yes	Yes	Yes	<i>An. arabiensis</i> , <i>An. gambiae</i> s.l.

### III. Financing

#### Sources of financing

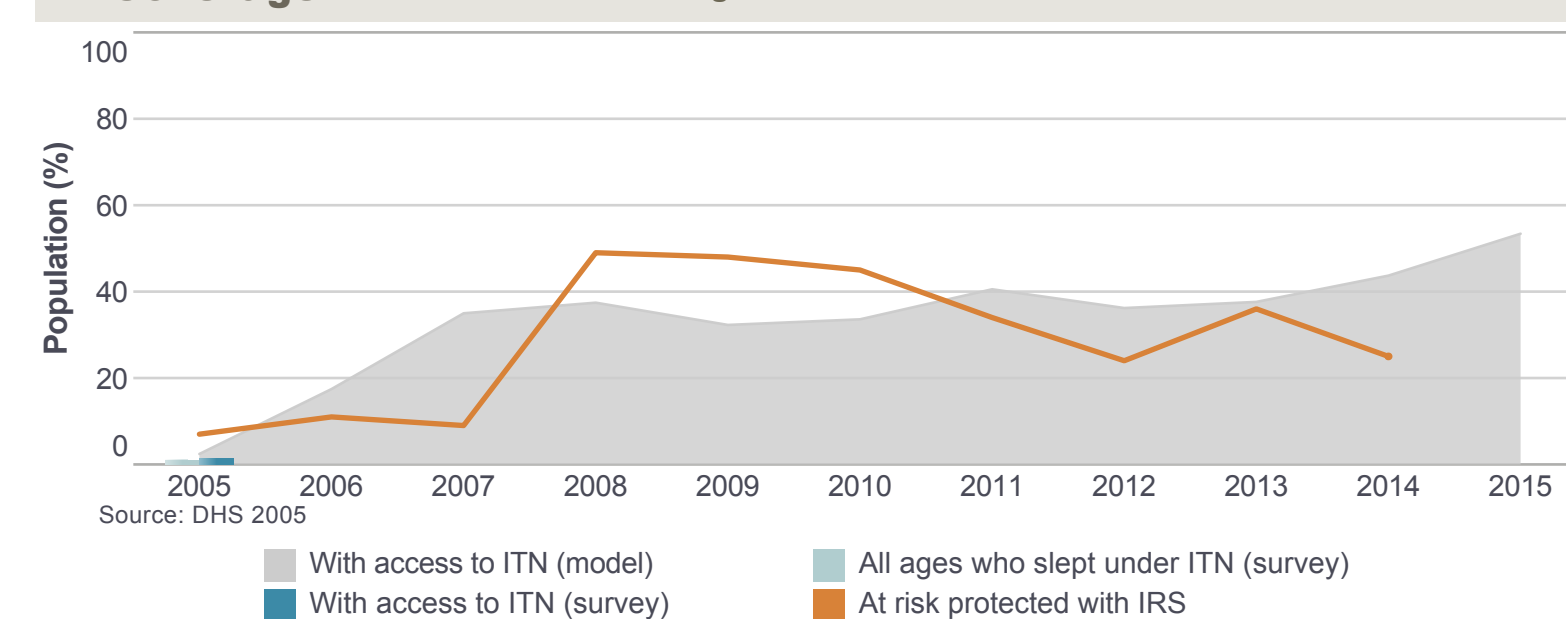


#### Government expenditure by intervention in 2015

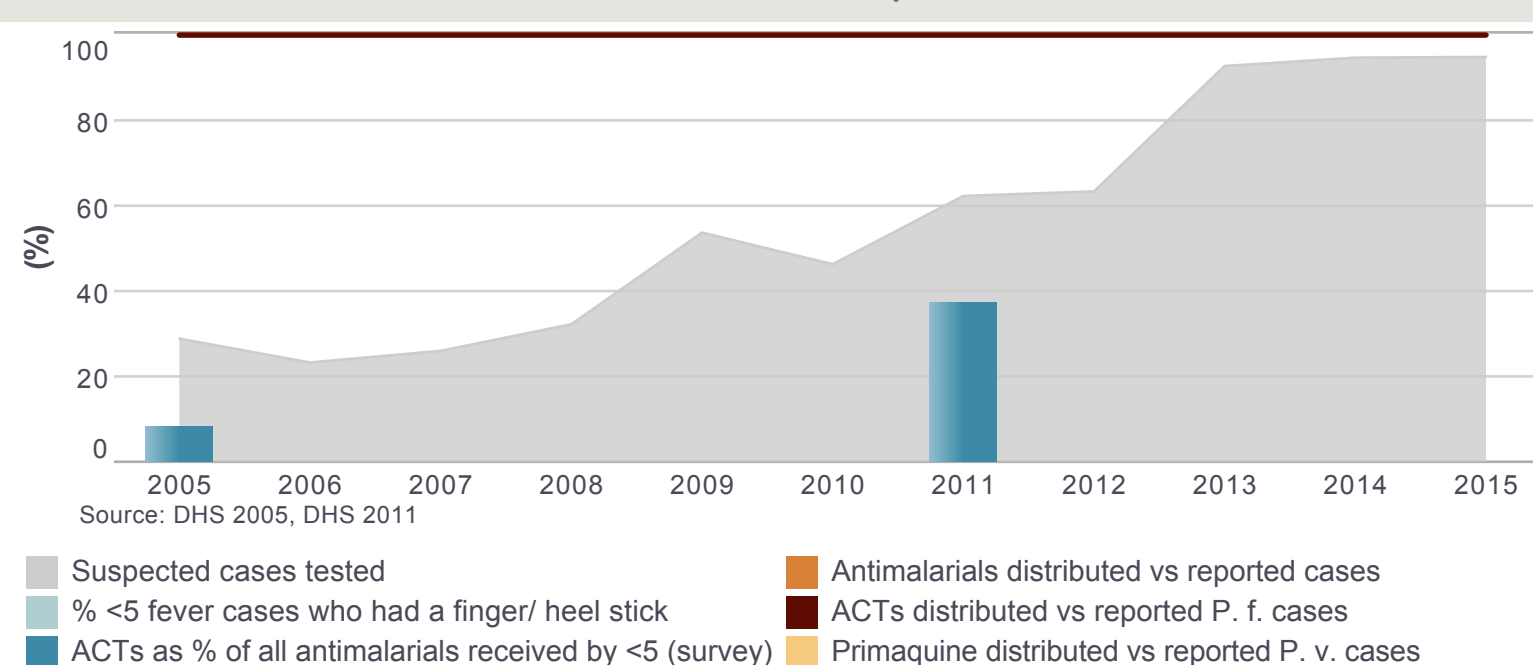


### IV. Coverage

#### Coverage of ITN and IRS

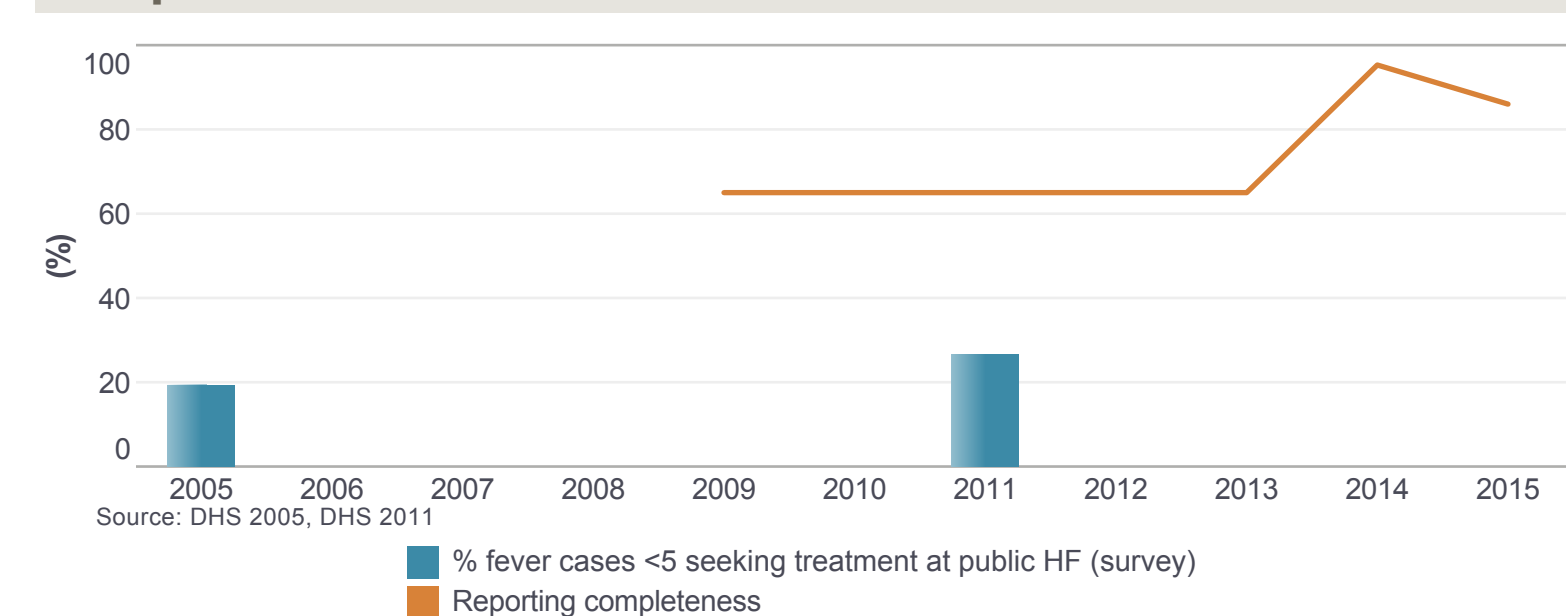


#### Cases tested and treated in public sector

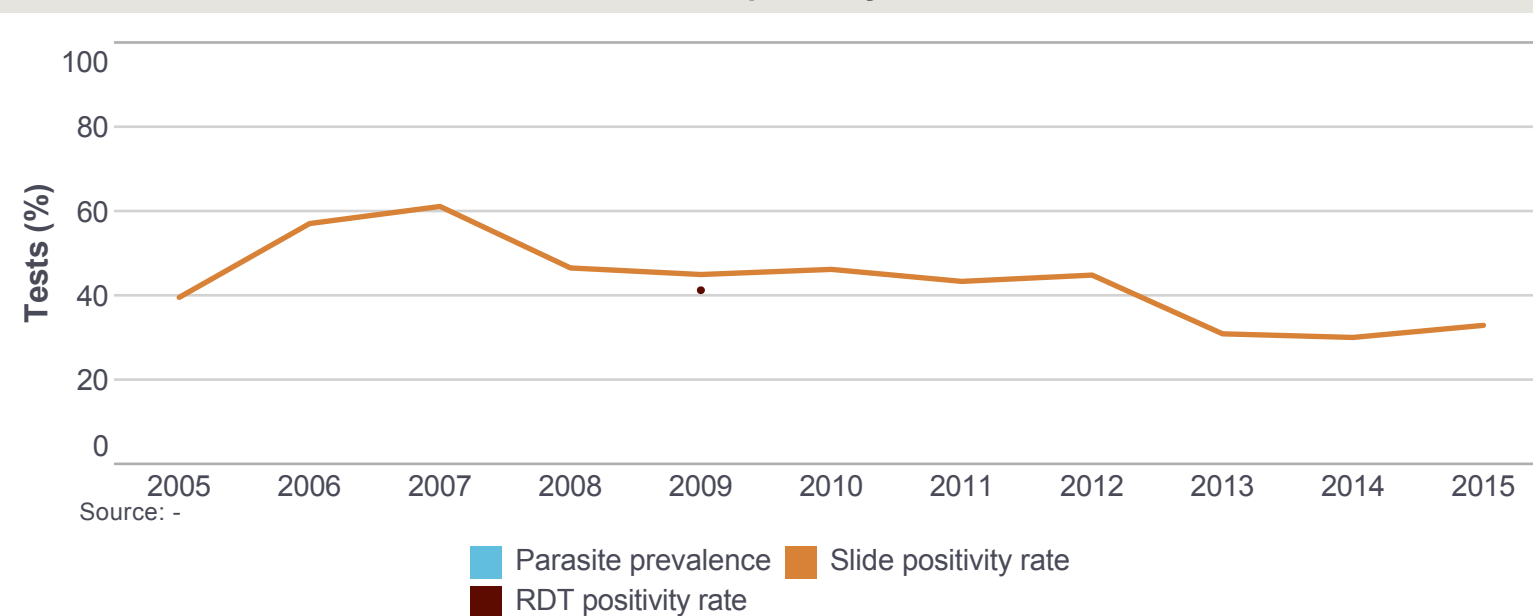


### V. Impact

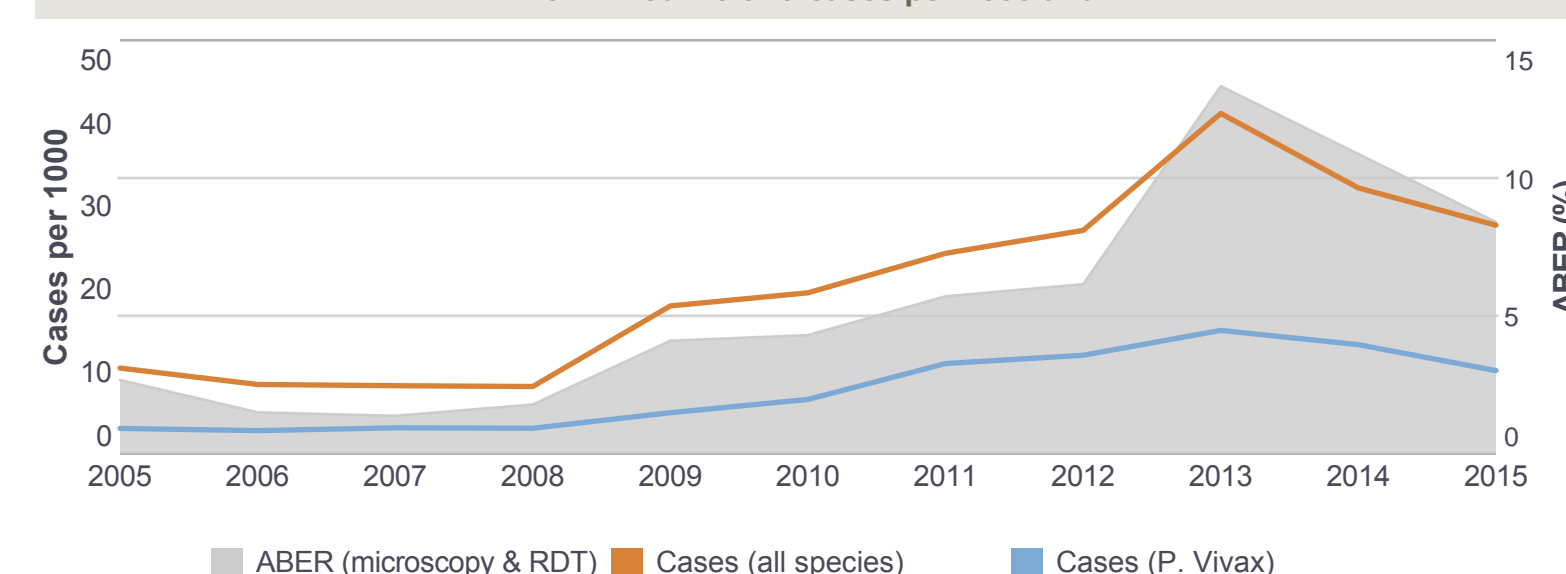
#### Cases treated



#### Test positivity



#### Confirmed malaria cases per 1000 and ABER



#### Malaria admissions and deaths (per 100 000)

