

ETHIOPIA

April 2010



At a Glance: Ethiopia

Population – 2010: 88 million¹

Life expectancy at birth – 2010:
53 years (male), 58 years (female)¹

Population at risk of malaria – 2008:
67%²

Under-5 mortality rate – 2008:
109/1,000, or approximately
1 in 9 children die before their
fifth birthday³

¹ US Census Bureau, International Data Base 2010

² WHO World Malaria Report 2009

³ UNICEF State of the World's Children 2009

Background

Malaria is a leading health issue in Ethiopia, where an estimated 67 percent of the population lives in areas at risk of malaria. Malaria transmission in Ethiopia is characterized by frequent and often large-scale epidemics occurring every five to eight years. Malaria in Ethiopia differs from other President's Malaria Initiative (PMI) countries in a number of ways. The high proportion of *Plasmodium vivax* (up to 40 percent of all malaria infections) presents additional challenges to diagnostics; the unstable transmission renders everyone in at-risk communities vulnerable, not just pregnant women and children, and increases critical needs for surveillance and information management. Finally, Ethiopia has a long, rich history of malaria control, including close collaboration with USAID in the early days, with very strong in-country expertise supporting the national program. PMI focuses its activities in Oromia Region, the largest, most malarious, and most underserved of Ethiopia's 11 regions, which covers one-third of the country's landmass.

The President's Malaria Initiative (PMI)

Ethiopia is one of the 15 original countries benefiting from PMI, which was launched in 2005 and is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. As a key component of President Obama's Global Health Initiative and with the Lantos-Hyde Act of 2008, PMI's funding has been extended through fiscal year (FY) 2014, and a new six-year malaria strategy has been developed. Under the new strategy, the goal of PMI is to work with partners to halve the burden of malaria in 70 percent of the at-risk populations in sub-Saharan Africa (approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

PMI works with national malaria control programs and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the World Bank; Malaria No More; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In line with Ethiopia's national malaria control strategy, PMI supports three key interventions to prevent and treat malaria:

- **Insecticide-treated mosquito nets (ITNs):** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, but can repel and kill mosquitoes for up to three years.
- **Indoor residual spraying (IRS):** IRS involves the coordinated, timely spraying of the inside walls of houses with insecticides. Mosquitoes are killed when they land on these sprayed walls, reducing malaria transmission.
- **Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests (RDTs) and prompt treatment with an effective drug. Artemisinin-based combination therapies (ACTs) are the recommended first-line treatment for uncomplicated *Plasmodium falciparum* malaria in most malaria-affected regions of Africa, and are extremely effective against malaria parasites; they have few or no side effects.

Progress to Date

Ethiopia is in its third year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations in the Oromia Region.

PMI-Supported Activities	2007	2008	2009	Cumulative
IRS: Houses sprayed ¹	778,000	1,793,248	1,935,402	-
IRS: Residents protected ¹	3,890,000	5,921,906	6,484,297	-
ITNs: Procured	102,145	22,284	1,559,500	1,683,929
ITNs: Distributed	102,145	22,284	559,500	683,929
ITNs: Procured by other donors and distributed with PMI support	-	-	475,000	475,000
ACTs: Procured	-	600,000	1,081,000	1,681,000
ACTs: Distributed	-	-	1,681,000	1,681,000
RDTs: Procured	-	-	1,640,000	1,640,000
RDTs: Distributed	-	-	820,000	820,000
Health workers trained in ACT use ²	-	2,786	-	-

¹ A cumulative count of the number of houses sprayed and people protected is not provided since some areas have been sprayed on more than one occasion.
² A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

PMI Funding

The proposed FY 2010 PMI budget for Ethiopia is \$31 million. The budget breakdown by intervention includes procurement, and distribution of long-lasting ITNs (38 percent); improved diagnosis, procurement and use of ACTs (28 percent); IRS (28 percent); epidemic response (1 percent); monitoring and evaluation (3 percent); and in-country staffing and administration (3 percent). Of this amount, 68 percent will support the procurement and distribution of malaria commodities.

	FY 2007 Jump start funds	FY 2008	FY 2009	FY 2010
Budget	\$6.7 million	\$19.8 million	\$19.7 million	\$31 million

For details on FY 2010 PMI activities in Ethiopia, please see the **Ethiopia Malaria Operational Plan**: http://www.pmi.gov/countries/mops/fy10/ethiopia_mop-fy10.pdf.



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