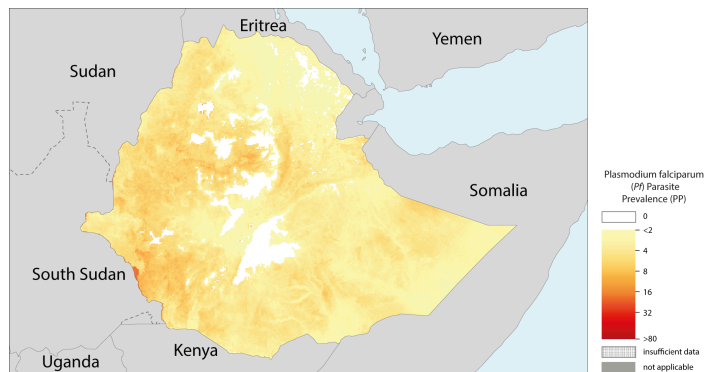


Ethiopia

African Region



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	35M	27
Low transmission (0-1 case per 1000 population)	52.5M	41
Malaria free (0 cases)	41.2M	32
Total	128.7M	

Reported cases and deaths

Presumed and confirmed cases	3 288 168
Reported indigenous confirmed cases:	3 197 557
Confirmed cases from public sector:	2 414 584
Confirmed cases from private sector:	107 192
Confirmed cases at community level:	677 592
Confirmed cases in combined health sectors:	-
Indigenous deaths:	-

Parasites and vectors

Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 72 (%)*, <i>P. vivax</i> : 28 (%)
Major anopheles species:	<i>An. arabiensis</i> , <i>An. stephensi</i>

* includes mixed infections and other species of Plasmodium

Estimates

Estimated cases:	9.6M [5.3M, 14.3M]
Estimated deaths:	18.6K [6.8K, 35.9K]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITN distributed by mass campaign	Yes	-
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes	2012
IPT	IPT used to prevent malaria during pregnancy	No	-
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes*	2004
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes*	1960
	Malaria diagnosis is free in the private sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2005
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2004
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	Yes*	2017
	Primaquine is used for radical treatment of <i>P. vivax</i>	Yes	2017
	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	2010
	Malaria is a notifiable disease	Yes	-
	ACD for case investigation (reactive)	Yes	-
	ACD at community level of febrile cases (pro-active)	Yes*	-
Surveillance	Mass screening is undertaken	No	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case investigation undertaken	Yes	2019
	Foci investigation undertaken	Yes	-
	Case reporting from private sector is mandatory	Yes	2016

Yes* = Policy adopted, but not implemented in 2023

Disc = Discontinued

Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL+PQ	2014
First-line treatment of <i>P. falciparum</i>	AL-PQ	2014
Second-line treatment <i>P. falciparum</i>	DHA-PPQ	2022
Treatment of severe malaria	AS; AL+PQ	2018
Treatment of <i>P. vivax</i>	CQ+PQ	1960
Dosage of primaquine for radical treatment of <i>P. vivax</i>	0.25 mg/Kg (14 days)	
Type of RDT used (public)	Pf + Pv specific (Combo)	

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2015-2022	0	0.7	8	28 days	6	<i>P. falciparum</i>
CQ	2016-2021	0	0.6	2.5	28 days	8	<i>P. vivax</i>
CQ+PQ	2019-2020	0	0	0	28 days	1	<i>P. vivax</i>

Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)

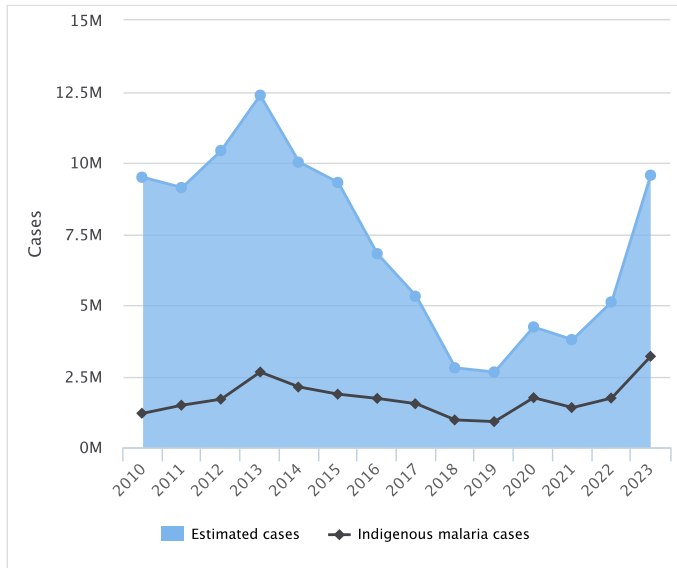
Insecticide class	(%) sites ¹	Vectors ²	Used ³
Carbamates	29% (16/55)	<i>An. gambiae s.l.</i> , <i>An. stephensi</i> , <i>Other species</i>	No
Neonicotinoids	0% (0/7)		Yes
Organophosphates	0% (0/55)		Yes
Pyrethroids	100% (56/56)	<i>An. gambiae s.l.</i> , <i>An. stephensi</i> , <i>Other species</i>	Yes

¹Percent of sites for which resistance is confirmed and total number of sites that reported data

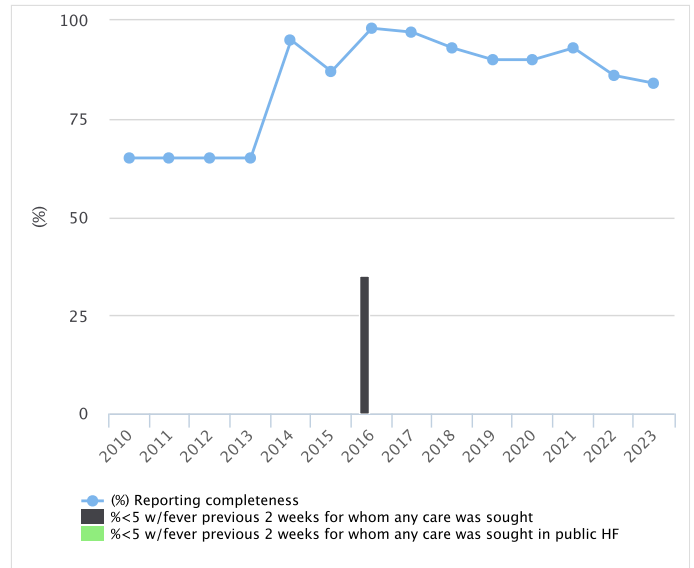
²Vectors reported to exhibit resistance to insecticide class

³Class reported as used for malaria control in 2023 (note if data were not available, data were reported from last year reported)

III. Estimated and reported cases



Treatment seeking and reporting completeness

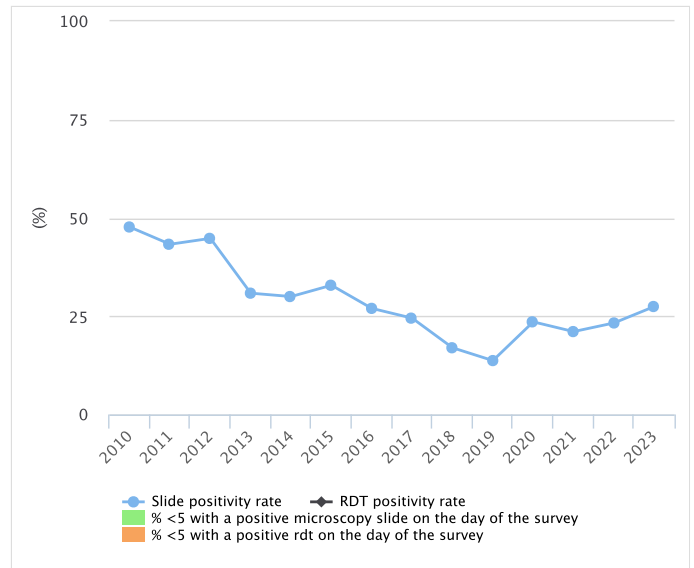


IV. Cases tested and treated



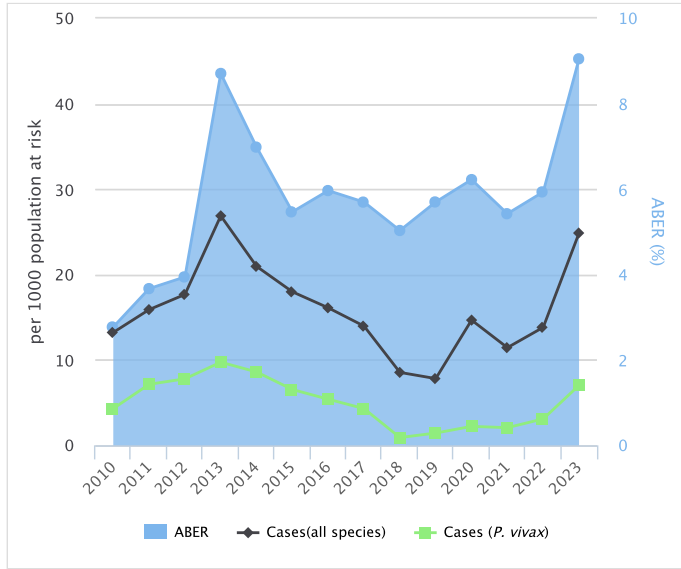
Source: DHS 2016

Test positivity



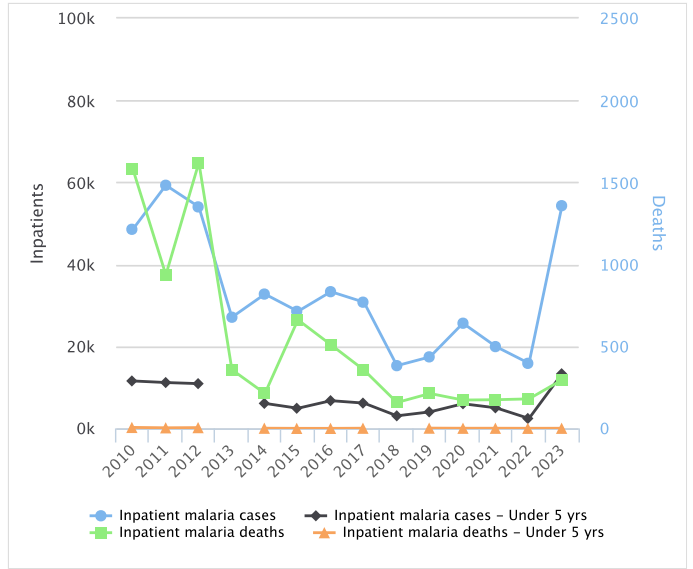
Source: 2011,2015, DHS 2016

V. Confirmed malaria cases per 1000 population at risk and ABER

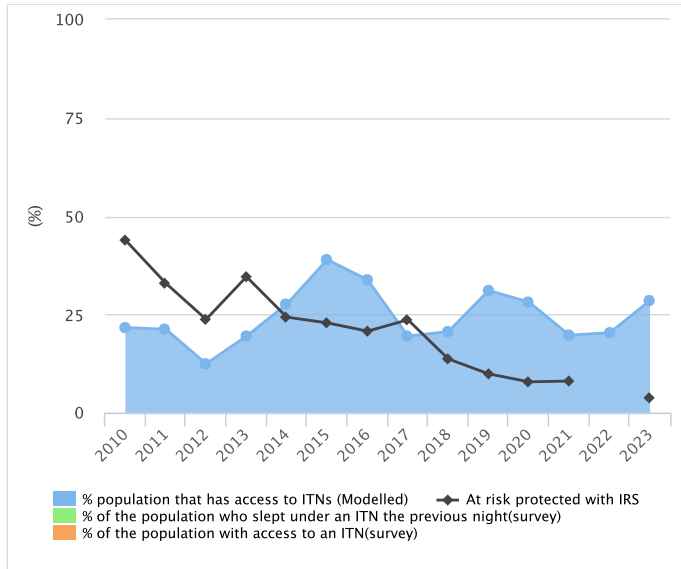


ABER=smears examined in a year X100 / Total population. Includes cases that are imported and introduced

Malaria inpatients and deaths

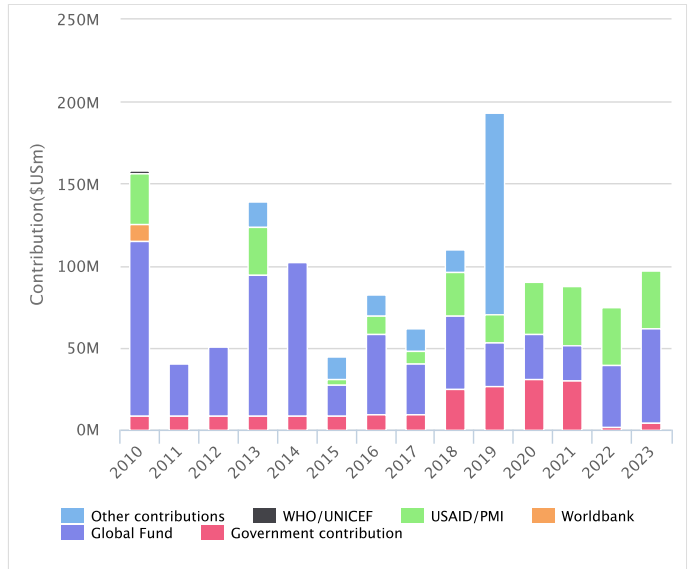


V. Coverage of ITN and IRS

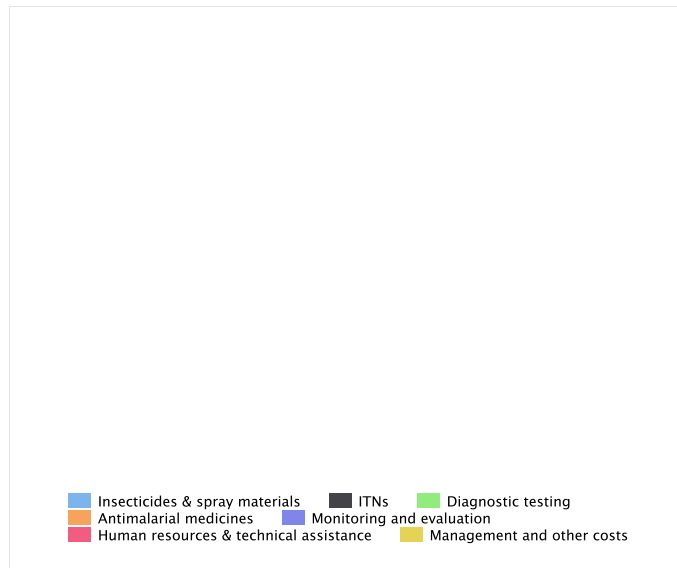


Source: 2011,2015, DHS 2016

Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes

(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on data validated by the countries as of 14 November 2024. Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided [mpac-april2018-ero-report-malaria-burden-session6.pdf \(who.int\)](https://www.who.int/publications/m/item/mpac-april2018-ero-report-malaria-burden-session6.pdf)