

Country Profile | President's Malaria Initiative (PMI)

ETHIOPIA

April 2009



At a Glance: Ethiopia

Population - 2009: 85.2 million¹

Life expectancy at birth - 2009:
53 years (male), 58 years (female)¹

Population at risk of malaria - 2006:
68%²

Under-5 mortality rate - 2007:
119/1,000, or approximately 1 in 8
children³

¹ US Census Bureau, International Data Base 2009

² WHO World Malaria Report 2008

³ UNICEF State of the World's Children 2009

Background

Malaria is a leading health issue in Ethiopia, where an estimated 68 percent of the population live 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. PMI focuses its activities in Ethiopia in Oromia Region, the largest, most malarious, and most underserved of Ethiopia's 11 regions, covering one-third of the country's landmass.

Ethiopia is one of 15 countries in Africa benefiting from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID) and implemented together with the Centers for Disease Control and Prevention (CDC).

Goal

The goal of PMI is to cut malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women and children under five years of age – with lifesaving services, supplies, and medicines.

PMI coordinates with National Malaria Control Programs (NMCPs) and international partners, including the World Health Organization (WHO); the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In support of Ethiopia's NMCP, PMI backs four key intervention strategies to prevent and treat malaria:

- Insecticide-treated mosquito nets (ITNs)
- Indoor residual spraying with insecticides (IRS)
- Intermittent preventive treatment for pregnant women (IPTp)
- Diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT)

Results to Date

Ethiopia is entering its second 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.

Insecticide-treated mosquito nets: Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are not toxic to humans and can repel and kill mosquitoes for up to three years. In Ethiopia, ITNs are distributed through semi-annual child health campaigns, routinely at health facilities, and door-to-door.

Since beginning work in Ethiopia, PMI has procured and distributed more than 124,000 ITNs to vulnerable populations. PMI has also supported a comprehensive package of education and behavior change communication activities to increase access to and correct use of long-lasting ITNs.

Indoor residual spraying: IRS involves the coordinated, timely spraying of insecticides on the inside walls of homes. Mosquitoes are killed when they land on sprayed walls and pick up the residual insecticide. During 2008, PMI extended and strengthened Ethiopia’s long-standing IRS program through a range of activities, including improving the targeting of IRS; strengthening procurement, storage, and distribution systems for commodities; and training and supervising spray operators. PMI also supported environmentally sound pesticide management and monitoring and evaluation of spray campaigns. Last year, PMI supported spraying of nearly 317,000 houses in Oromia, protecting 1 million people.

Malaria in pregnancy: Because of generally low levels of malaria transmission in Ethiopia, IPTp is not a national strategy, and the focus is on universal ITN coverage and prompt diagnosis and treatment of clinical cases. PMI’s support for these policies includes the distribution of ITNs at antenatal clinics and through health education activities. In 2008, PMI provided support for the training of nearly 2,800 health workers on malaria case recognition and management in pregnancy and various HIV/AIDS activities focusing on pregnant women.

Diagnosis and treatment: ACTs are extremely effective against malaria parasites and have few or no side effects. Since beginning work in Ethiopia, PMI has procured 600,000 ACT treatments for distribution in early 2009. PMI is also working to improve malaria diagnosis and antimalarial drug management practices in health facilities.

PMI Funding

For fiscal year 2009, PMI allocated \$19.7 million in funding for malaria prevention and treatment in Ethiopia. Of this amount, 27 percent will support malaria diagnosis, procurement and distribution of ACTs, 40 percent ITN programs, 18 percent IRS, and 6 percent for monitoring and evaluation. More than 53 percent of the total FY 2009 budget will be spent on commodities.

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

For details on 2009 PMI activities in Ethiopia, please see the Malaria Operational Plan at http://www.pmi.gov/countries/mops/ethiopia_mop-fy09.pdf.