

2007

Technical Summary



**FEDERAL DEMOCRATIC
REPUBLIC OF ETHIOPIA
MINISTRY OF HEALTH**

Background

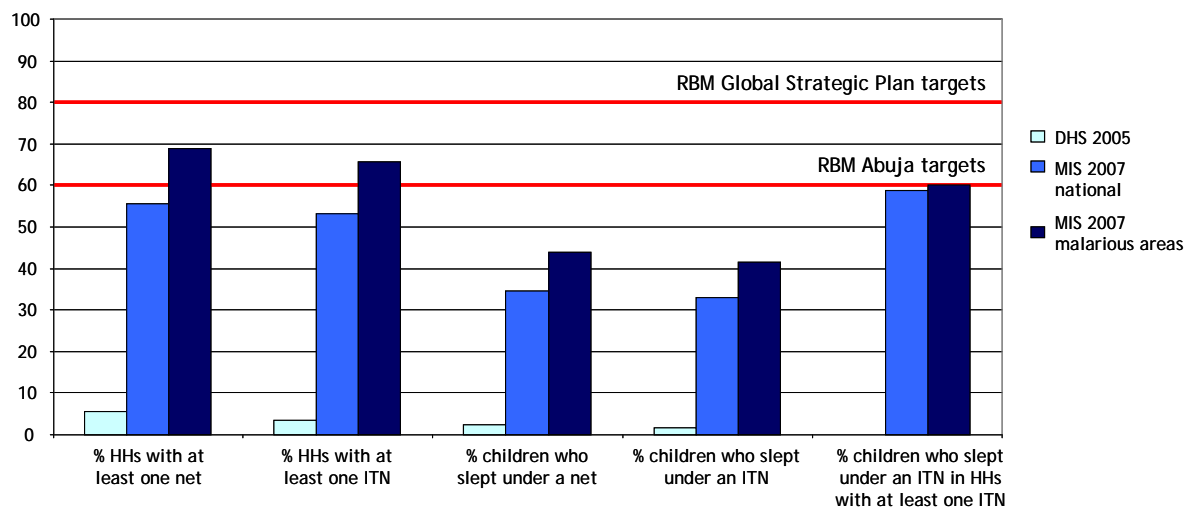
Malaria is seasonal in most parts of Ethiopia, with unstable transmission that lends itself to the outbreak of epidemics. The transmission patterns and intensity vary greatly due to the large diversity in altitude, rainfall, and population movement; areas below 2,000 meters (m) are considered to be malarious (or potentially malarious). Those areas are home to approximately 68% (52 million) of the Ethiopian population and cover almost 75% of the country's landmass.

The fight against malaria is governed by a five-year strategic plan for 2006–2010 based on malaria control interventions that include distribution of insecticide-treated nets (ITNs), indoor residual spraying (IRS), and prompt and effective treatment with artemisinin-based combination therapy (ACT). Only those areas below 2,000m of altitude are targeted to receive key malaria control interventions, which occur at different levels of the health system, based on criteria such as altitude, morbidity data, and history of epidemics. IRS is conducted only in selected villages within the malarious areas (below 2,000m) and is scheduled to reach 60% of target areas by 2010.

In 2005, the program launched a massive scale-up of key interventions. At that time, the country moved to ACTs for the treatment of uncomplicated malaria and scaled up access to Coartem[®]. By the time of the 2007 malaria indicator survey (MIS), approximately 17 million nets had been distributed to malarious areas of the country.

A demographic and health survey (DHS) took place in Ethiopia in 2005 before this scale-up occurred. In order to evaluate progress, in 2007 the Federal Ministry of Health (FMOH) conducted an MIS, applying the Roll Back Malaria Monitoring and Evaluation Reference Group tool that uses similar methods to DHSs and multiple indicator cluster surveys. For this survey, the FMOH had several key partners: the Central Statistics Agency; the World Health Organization; the United States Agency for International Development; the US

Figure 1: Net ownership and use among children under age five years, 2005 and 2007.



Prompt, effective case management

Conclusions

By the end of the survey, the following conclusions were drawn: (1) The overall prevalence of malaria was 10.1% (95% CI: 9.1-11.1). (2) The prevalence of malaria was significantly higher in the highlands (12.1%) compared to the lowlands (7.1%). (3) The prevalence of malaria was significantly higher in the rural areas (11.1%) compared to the urban areas (6.1%). (4) The prevalence of malaria was significantly higher in the highlands (12.1%) compared to the lowlands (7.1%). (5) The prevalence of malaria was significantly higher in the rural areas (11.1%) compared to the urban areas (6.1%).

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