Malaria is endemic in Ethiopia with differing intensity of transmission, except in the central highlands which are malaria-free. The annual reported number of malaria cases in 2012 was 3,876,745 with 1,621 deaths.
Progress
Ethiopia has made significant progress in scaling-up and sustaining universal coverage of key malaria control interventions, including parasitological diagnosis, case management, and LLINs. Ethiopia has banned oral artemisinin-based monotherapies. Ethiopia has successfully introduced a policy on Community Case Management of malaria and pneumonia. Ethiopia has achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990. Ethiopia has significantly enhanced the tracking and accountability mechanisms with the development of the Maternal, Newborn and Child Health Scorecard and is working to introduce similar accountability mechanisms for nutrition and for communicable diseases. Ethiopia has put in place strong public sector management systems and has achieved a rating of 3.4 for Cluster D CPIA.

Impact
The annual reported number of malaria cases in 2011 was 3,876,745 with 1,621 deaths. Ethiopia is projected to achieve a 50%–75% decrease in malaria incidence 2000–2015.

Key Challenge
• The country has documented insecticide resistance to a number of insecticides affecting the IRS programme.

Previous Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNCH¹: Optimise quality of care</td>
<td>Identify and address reasons for decreasing vitamin A coverage</td>
<td>Q2 2015</td>
<td></td>
<td>Deliverable not yet due but the HMIS system reported 92% vitamin A coverage in 2013</td>
</tr>
</tbody>
</table>

Key
- Action achieved
- Some progress
- No progress
- Deliverable not yet due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG