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 2014 was 2,513,863 with 213 deaths.
Progress
Ethiopia has made significant progress in scaling-up and sustaining universal coverage of key malaria control interventions. Ethiopia has banned oral artemisinin-based monotherapies and introduced a policy on Community Case Management of malaria and pneumonia. The country has secured sufficient resources to sustain coverage of LLINs, ACTs and RDTs in 2015.

Ethiopia has achieved MDG4 by reducing under-five child mortality by over two-thirds since 1990. The country has achieved high coverage in the tracer MNCH intervention PMTCT and has recently increased coverage of vitamin A, skilled birth attendants, DPT3 and postnatal care. Ethiopia has significantly enhanced the tracking and accountability mechanisms with the development of the Maternal, Newborn and Child Health Scorecard. Ethiopia was awarded the 2015 ALMA Award for Innovation for championing the Reproductive, Maternal, Newborn and Child Health (RMNCH) Scorecards for African countries. Ethiopia has put in place strong public sector management systems and has achieved a rating of 3.5 for Cluster D CPIA.

Impact
The annual reported number of malaria cases in 2014 was 2,513,863 with 213 deaths. WHO projects that the country will achieve a 50%–75% decrease in malaria incidence between 2000 and 2015.

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

Recommended Actions
Ethiopia has responded positively to the MNCH recommended actions addressing low coverage of skilled birth attendants, vitamin A and postnatal care and has recently increased coverage in all of these interventions, and the country continues to track progress.