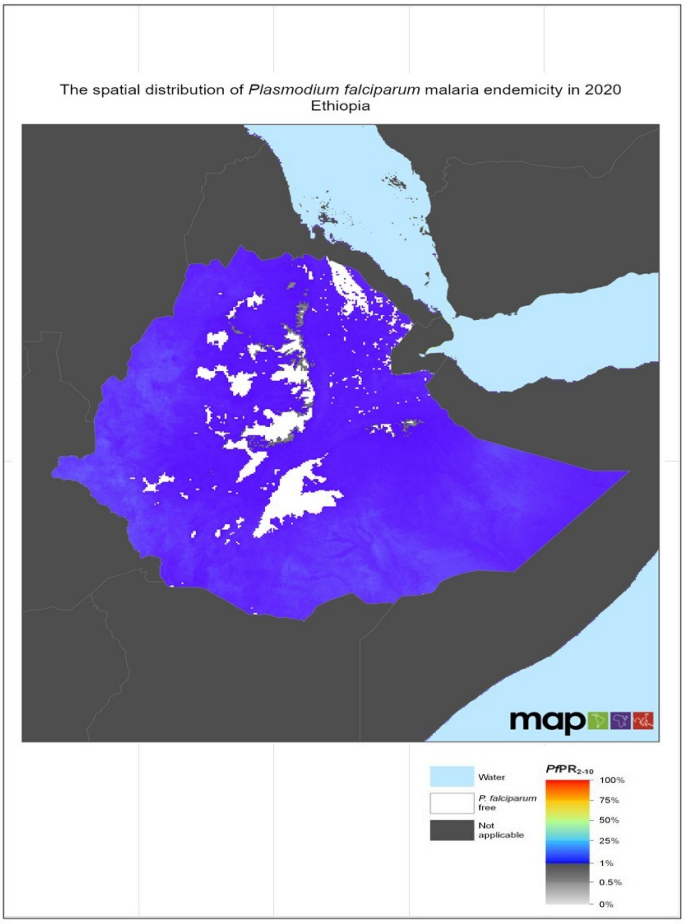
Ethiopia ALMA Quarterly Report
Quarter Two, 2026

AFRICAN LEADERS MALARIA ALLIANCE | ALMA

Scorecard for Accountability and Action



Metrics

Policy	
Signed, ratified and deposited the AMA instrument at the AUC	
Malaria activities targeting refugees in Malaria Strategic Plan	
Malaria activities targeting IDPs in Malaria Strategic Plan	
Zero Malaria Starts With Me Launched	
End Malaria Council and Fund Launched	
Resistance Monitoring, Implementation and Impact	
Drug efficacy studies conducted since 2019 and data reported to WHO	
Insecticide resistance monitored since 2020 and data reported to WHO	
% of vector control in the last year with next generation materials	98
ACTs in stock (>6 months stock)	
RDTs in stock (>6 months stock)	▼
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)	
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)	
Tracer Indicators for Maternal and Child Health and NTDs	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2024)	59
% of Neglected Tropical Disease MDAs Achieving WHO Targets	40
National Budget Allocated to NTDs	
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2025)	37
DPT3 coverage 2025 (vaccination among 0-11 month olds)	81
Climate Change and VBDs in NDCs	

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 2024 was 4,474,283 with 1,470 deaths.

Key

- Target achieved or on track
- Progress but more effort required
- Not on track
- No data
- Not applicable

Malaria - The Big Push towards 2030

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. Countries must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, decreasing ODA, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. To get back on track and eliminate malaria, US$5.2 billion is needed annually to fully finance country national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat. By the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Countries must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. WHO have also recently approved the use of Spatial Repellents. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. Malaria can serve as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. Countries must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD Councils and Funds, which have raised over US$245 million to date.

A recent report by ALMA and MNM UK, “The Price of Retreat,” highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If Ethiopia cannot sustain malaria prevention due to reductions in malaria financing, this would lead to an estimated 35,140,726 additional cases, 64,122 more deaths, and GDP loss of US$673.6 million between 2025 and 2030. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in Ethiopia there will be a US$4.2 billion increase in GDP.

Global Fund Allocation

The Global Fund allocation for Ethiopia for Grant Cycle 8 is US$361 million for HIV, tuberculosis, malaria, and health systems strengthening for 2027-2029. The malaria component has been allocated US$103.8 million. The allocations to the individual disease components are not fixed, and can be adjusted at country level. Ethiopia d’Ivoire is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain coverage as much as possible.

Progress

Ethiopia has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan and has carried out drug resistance testing since 2018 and has reported the results to WHO. The national strategic plan includes activities targeting refugees and IDPs. The country has launched its Zero Malaria Starts with me campaign.

In line with the priority agenda of the ALMA chair, His Excellency President Advocate Duma Gideon Boko, Ethiopia has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard, although this has not yet been shared to the ALMA Scorecard Hub. The country should consider establishing an End Malaria Council and Fund to enhance domestic resource mobilization and multi-sectoral action.

Impact
The annual reported number of malaria cases in 2024 was 4,474,283 with 1,470 deaths.

Key Challenges
- Ethiopia has documented insecticide resistance to 4 insecticide classes.
- The suspected emergence of artemisinin partial resistance
- Resource gaps to fully implement the national strategic plan, including the recent reductions in ODA

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Work to ensure that malaria elimination is prioritised in the America First Global Health Strategy Country Memorandum of Understanding, and that costed prioritised plans are developed			The country has signed the MOU with the USG and has included malaria

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Impact	Work to address the low stocks of RDTs	Q4 2026

Reproductive, Maternal, Newborn, Adolescent and Child Health
Progress
Ethiopia has significantly enhanced the tracking and accountability mechanisms with the development of the Maternal, Newborn, Child and Adolescent Health Scorecard, including with the institutionalisation of community scorecards.

Neglected Tropical Diseases
Progress
Progress in addressing Neglected Tropical Diseases (NTDs) in Ethiopia is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminthiasis and trachoma. In 2024, preventive chemotherapy coverage was 67% for onchocerciasis, 46% for trachoma, 86% for schistosomiasis, 49% for lymphatic filariasis, and 55% for soil-transmitted helminthiasis. Overall, the NTD preventive chemotherapy coverage index for Ethiopia in 2024 is 59, which represents a substantial increase compared with the 2023 index value (45). The country reached WHO MDA coverage target for onchocerciasis and schistosomiasis. Ethiopia has included Vector-borne diseases in the country Nationally Determined Contributions and has created a budget line for NTDs.

Key
Action achieved
Some progress
No progress
Deliverable not yet due