

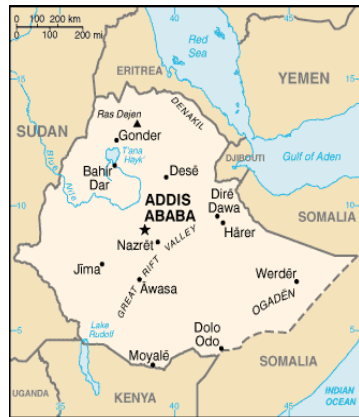


**Office of the  
United States  
Global AIDS  
Coordinator**

Providing leadership,  
coordination and  
oversight to the  
unified U.S. Government  
effort to implement  
the President's  
Emergency Plan for  
AIDS Relief

# Country Profile — *Ethiopia*

## U.S. President's Emergency Plan for AIDS Relief



### HIV/AIDS in Ethiopia

**HIV Infected:** 1.5 million<sup>1</sup>  
**AIDS Deaths:** 120,000<sup>1</sup>  
**AIDS Orphans:** 720,000<sup>1</sup>

Ethiopia's national adult prevalence for 2003 was estimated at 4.4 percent, with a 12.6 percent urban rate and a 2.6 percent rural rate. The number lost to AIDS was an estimated cumulative total of 900,000 by 2003 and is projected to reach 1.8 million by 2008 if present trends continue. Adult (15-49 years) deaths due to AIDS are expected to rise in the coming years. AIDS already accounts for about one-third of all young adult deaths in the country.

### U.S. Government Response

The Government of Ethiopia is strongly committed to one national HIV/AIDS action framework. The Strategic Framework for the National Response to HIV/AIDS in Ethiopia for 2001–2005 guides HIV/AIDS programming. To improve program effectiveness under the new strategic plan the government is moving all of its HIV/AIDS coordinating bodies under the direction of the Ministry of Health (MOH).

Following the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), President George W. Bush's Emergency Plan for AIDS Relief (the Emergency Plan) is the second largest donor in the HIV/AIDS sector in Ethiopia. The Emergency Plan response includes:

- ◆ Leveraging and complementing resources and commitment of other partners, including international donors and Ethiopia's public and private sectors;
- ◆ Expanding work with new partners, particularly nongovernmental, community-based and faith-based organizations to ensure coverage and foster sustainability;
- ◆ Mobilizing private health care providers for quality prevention, treatment and care;
- ◆ Supporting the development of national prevention, care and treatment guidelines and protocols, establishment of the structure and systems for effective implementation of the HIV/AIDS program, and human capacity building through training and site level support; as well as
- ◆ Strengthening Ethiopia's military HIV/AIDS response with program services for civilian communities around rural military health establishments, as well as active duty personnel and their dependents.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President Bush announced the Emergency Plan in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, U.S. Government (USG) agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, nongovernmental organizations (NGOs) and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Ethiopia is one of 15 focus countries of the Emergency Plan which collectively represent at least 50 percent of HIV infections worldwide. Under the Emergency Plan, Ethiopia received more than \$47.9 million in FY2004 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2005, the U.S. is committing more than \$84.4 million to support Ethiopia's fight against HIV/AIDS.

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<sup>1</sup> UNAIDS, Report of the Global AIDS Epidemic, 2004.



# Emergency Plan Achievements in Ethiopia

## Challenges to Emergency Plan Implementation

Ethiopia has a large and extremely vulnerable population with over 5 million citizens facing high levels of malnutrition, poor access to health services, low literacy rates, and overwhelming poverty. Conflict, famine and drought have led to widespread population movements. As of mid-2004, there were an estimated 121,000 refugees in Ethiopia. Cross-border tensions may result in additional population displacement.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and Being Faithful	989,700
# of pregnant women receiving preventing mother to child HIV transmission (PMTCT) services	6,600
# of pregnant women receiving antiretroviral prophylaxis	171
# of individuals receiving counseling and testing	62,900
# of HIV-infected individuals who received palliative care/basic health care and support	14,500
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program	15,100
# of individuals receiving upstream system strengthening support for treatment <sup>1</sup>	_____
# of individuals receiving downstream site-specific support for treatment <sup>2</sup>	14,900

Prevention and care results reflect accomplishments through September 2004 and combine upstream and downstream support. Treatment results reflect accomplishments through March 2005.

<sup>1</sup> Number of individuals reached through upstream systems strengthening includes those supported through contributions to support national strategies through national, regional, and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

<sup>2</sup> Number of individuals reached through downstream site-specific support includes those receiving treatment where the Emergency Plan supports programs at the point of service delivery.

## Critical Interventions for HIV/AIDS Prevention

- ◆ Supported youth peer education and life skills programs for in and out of school youth, anti-AIDS youth clubs and religious youth groups that develop the knowledge of HIV/AIDS and life skills of youth.
- ◆ Directed comprehensive behavior change communication programs targeting most-at-risk populations to reduce the number of persons who engage in risky behavior.
- ◆ Provided mass media and community programs for the general population to increase knowledge of HIV transmission and prevention methods.
- ◆ Mobilized religious and community leaders to support HIV prevention, care, and support programs and also to reduce the stigma facing people living with HIV/AIDS.
- ◆ Supported expansion of voluntary HIV counseling and testing centers and implemented a promotional campaign called "Knowing is a modern way of living" to increase awareness of HIV status and increase the number of individuals tested.
- ◆ Supported strong partnerships for prevention and care services with faith-based organizations, particularly the Ethiopian Orthodox Church and the Islamic Supreme Council.

## Critical Intervention for HIV/AIDS Care

- ◆ Supported expansion of home-based health care for people with AIDS by partnering with traditional burial societies known as idirs. The respect held for idirs in the community is helping to reduce the stigma surrounding those with AIDS.
- ◆ Contributed to the production of the first song and music video that promotes compassion and caring for people living with HIV/AIDS. It has become a big hit, and people of all ages have embraced it.
- ◆ Developed a national program to strengthen and support local grassroots organizations for the provision of services for HIV and AIDS orphans and vulnerable children.
- ◆ Supported important linkages between TB and HIV services, a critical pathway to improve patient care and reduce the burden of TB
- ◆ Provided care and support in 18 towns along the Addis Ababa – Djibouti corridor, working with Community HIV/AIDS Committees, to provide an entire community care package.

## Critical Interventions for HIV/AIDS Treatment

- ◆ Strengthened leadership at central, regional and facility levels by supporting establishment of an effective management system in the Ministry of Health and the creation of a National HIV/AIDS Executive Committee.
- ◆ Assisted in the selection of hospitals for antiretroviral therapy (ART) implementation in the country and in assessing, prioritizing and preparing them to meet the minimum package for accreditation to deliver ART.
- ◆ Supported laboratory services through a consortium of private laboratories that guide initiation and monitoring of ART, procurement of laboratory supplies and reagents, and QA/QC setup and lab maintenance.
- ◆ Supported assessment of capacity for pharmaceutical management system in hospitals, to support ART services, renovation of facilities, procurement and distribution of drugs, and human capacity development for delivery of ART services.
- ◆ Created linkages between hospitals, health centers and the community to facilitate delivery of treatment, follow-up of clients, and referral to community and home based care.