USG ETHIOPIA PROGRAM OVERVIEW

November 2012

OVERVIEW

Since the development of Ethiopia's first national health policy in the mid-1990s, Ethiopia and the U.S Government (USG) have made great strides to increase and expand access of quality health services to Ethiopians nationwide. In addition to being the largest recipient of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Ethiopia has been among the top recipients of USG health resources in the world.

Results to Date

Because of Ethiopia's strong leadership and the donor investments made by the USG and other partners, the country has experienced positive achievements in health. Of note, the Contraceptive Prevalence Rate (CPR) observed in the 2011 Ethiopia Demographic and Health Survey (EDHS) doubled from what was reported in the 2005 EDHS (29% compared to 15%).Overall, the unmet need for family planning reduced to 25% for married women. However, the unmet need is highest among young women aged 15 to 19 (33%). The 2011 EDHS shows considerably lower levels of infant and under-five mortality than those reported in the 2005 EDHS: Infant mortality decreased 23%, from 77 to 59 deaths per 1,000 births, while under-five mortality decreased 28%, from 123 to 88 per 1,000 births.

Unmet Needs

Nonetheless, Ethiopia is characterized as having an inadequate number of well-trained health providers (particularly midwives and doctors), limited health infrastructure, shortages of equipment and commodities at health facilities, and weak health systems. The result is low health service utilization. Access to, and demand for, services is affected by geographical, financial and cultural barriers, and poor care-seeking behaviors, as well as organizational and management issues that impact effective referrals. Access to services is even harder for Ethiopia's large rural community. In an effort to increase access and demand for health services and healthy care-seeking behaviors for the underserved rural population, the Federal Ministry of Health launched its community-based Health Extension Program (HEP) in 2003. This approach is unique because it shifts health services to the community level, while aiming to meet national quality service standards at the same time.

IN-COUNTRY USG HEALTH PROGRAMS

The USG has a long-standing health program in Ethiopia with many USG agencies working in the health sector. The Centers for Disease Control and Prevention (CDC), USAID, DOD, and Peace Corps all contribute to health efforts in Ethiopia.

$ in thousands for all items that are not final are shown in Italic	FY 2009 Actual	FY 2010 Actual	FY 2011 Actual	FY 2012
TOTAL	396,887	383,085	407,237	380,589
Ethiopia	396,887	383,085	407,237	380,589
Food for Peace Title II	-	9,186	11,666	6,000
3.1.1Nutrition	-	9,186	11,666	6,000
Global Health Programs – State	333,687	286,699	289,089	254,089

3.1.2 HIV/AIDS	345,981	291,322	287,952	185,102
Global Health Programs – USAID	63,200	87,200	106,482	120,500
3.1.2 Tuberculosis	5,000	10,000	9,980	13,000
3.1.3 Malaria	19,700	31,000	40,918	43,000
3.1.4 Maternal and Child Health	18,000	17,500	20,956	27,300
3.1.5 Family Planning and Reproductive Health	20,500	25,000	27,943	30,000
3.1.6 Nutrition	-	3,700	6,685	7,200
Global Health Program – CDC				
3.1.7 Polio eradication and immunizations	1,483,500	1,370,600	703,200	1,379,700
3.1.7 Pandemic influenza preparedness	200,000	470,196	219,020	337,052

INVESTING IN WOMEN, SAVING MOTHERS AND ENDING PREVENTABLE CHILD DEATHS

Ethiopia has one of the world's highest rates of maternal deaths and disabilities, with only 10% of women receiving delivery assistance from a skilled provider. Respiratory infections, HIV/AIDS, perinatal conditions, diarrheal disease, and TB are the leading causes of death among all ages. For children under five years old, the main causes of death are diarrheal diseases, pneumonia, malaria, measles, and neonatal complications (prematurity/low birth weight, asphyxia, and sepsis/infections).

Future Interventions

Under-nutrition is also a major underlying cause of maternal and child deaths and disability. In order to significantly reduce maternal and child mortality rates, the USG team will continue to work with the Government of Ethiopia (GOE) and its partners to improve access to integrated preventive and critical curative services for Ethiopians in rural and underserved areas.

More specifically, interventions will focus on increasing the access to and use of, quality health services by emphasizing the continuum of care for mothers and children that follows a life cycle approach. This includes supporting the health extension workers so they can expand, provide,

DATA TABLE

Population	**84,320,987**
Infant mortality rate (deaths/1,000 live births)	**59**
Under-5 mortality rate (deaths/1,000 live births)	**88**
Maternal mortality ratio (deaths/100,000 live births)	**676**
Total fertility rate (births/woman)	**4.8**
Modern contraceptive prevalence rate (% married women 15–49 yrs.)	**27.3**
Unmet need for family planning (% married women 15–49 yrs.)	**25.3**
Access to an improved drinking water source (% population – total [urban/rural])	**50.8 [92.8/]**
Access to an improved sanitation facilities (% population – total [urban/rural])	**15.5[44.9/9]**
DPT3 immunization coverage (% children < 1 yr.)	**36.5**
Acute respiratory infection treatment (% child cases receiving appropriate care)	**27**
Oral rehydration therapy (ORT) (% children with diarrhea receiving ORT)	**30.7**
Vitamin A coverage (% children < 5 yrs.)	**53**
Antenatal care ≥ 4 visits (% pregnant women)	**19**
Skilled birth attendance (% deliveries)	**10**
Children underweight, WHO standard (%)	**29**
Children with stunting, WHO standard (%)	**44**
Est. TB incidence (cases/100,000 pop)	**261**
Case detection rate (% new smear +)	**72**
Treatment success rate (% new smear +)	**84**
Insecticide-treated mosquito net (ITN) ownership (%)	**53.3**
Children sleeping under an ITN (%)	**33.1**
HIV prevalence rate (% adults 15–49) (2011)	**1.5**
Est. number people living with HIV (2010)	780,254
Number of adults and children currently receiving antiretroviral therapy (February 2012)	**275,026**

Data are from DHS 2011, CSA: National Abstract Statistics 2011,); TB (WHO, 2011); ; Country Progress Report on HIV/AIDS Response 2012, FHAPCO,

and improve family planning and reproductive health services; antenatal care (ANC) and Prevention of Mother-to-Child Transmission of HIV (PMTCT); tuberculosis detection and control; and Basic and Comprehensive Emergency Obstetric and Neonatal Care (BEMONC/CEMONC) for labor and delivery services. It also includes the resuscitation of newborns, promotion of kangaroo mother care and immediate initiation of breastfeeding. Other key child health interventions are the expansion of Integrated Management of Neonatal and Childhood Illness (for facility care of sick children), Integrated Community Case Management for sick children at the community level, immunization, vitamin A supplementation, insecticide-treated nets for malaria prevention, breastfeeding and complementary feeding promotion, community management of severe acute malnutrition, and improved access to safe water, sanitation and hygiene services and household practices.

CREATING AN AIDS-FREE GENERATION

Although the HIV/AIDS prevalence in Ethiopia is lower than many other Sub-Saharan African countries, there are still an estimated 780,254 (revised estimated 2012) people living with HIV, placing substantial demand on the country‘s already strained care and treatment resources as it has the fourth highest burden of People Living with HIV/AIDS (PLWHA) in East Africa.

As a result, there has been a major expansion in the coverage of HIV/AIDS services and facilities, which offer counseling and testing and have more than quadrupled from 658 people being tested in 2005 to 2,309 in 2011.

In fiscal year 2011, the following progress was achieved with direct USG PEPFAR support:

- 237,395 individuals **with advanced HIV infection are currently receiving antiretroviral therapy;**
- 1,156,854 HIV infected and affected individuals received care and support (including TB/HIV);
- 474,200 orphans and vulnerable children (OVCs) received support;
- 815,134 pregnant women received counseling and testing and now know their HIV status;
- 10,302 HIV-positive pregnant women received antiretroviral prophylaxis or ART for PMTCT; and
- 5,580,051 Ethiopians received counseling and testing.

These encouraging results reflect the combined efforts of high-level GOE political commitment and a supportive donor community, including support from both the PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which together contributed almost 90% of the total donor input for HIV programs.

CHALLENGE THE WORLD - OTHER DONOR PROGRAMS IN-COUNTRY

The Government of Ethiopia leads the efforts to coordinate the work of development partners. There are many donors currently working in Ethiopia, and the collaboration and harmonization between the donors are key to achieving ambitious health targets. To foster coordination, all donors are members of the Federal Ministry of Health’s donor’s joint consultative forum and Donors Working Group (DAG). Major health-focused donors in Ethiopia include multilateral donors (UN agencies, the European Union, and the World Bank); bilateral donors (the United States, United Kingdom, Japan, Sweden, Italy, the Netherlands, Ireland, Norway, France, and Austria), and global funds (the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria). The donor partners currently working in Ethiopia include:

Donor	Program Area
United Nations Population Fund (UNFPA)	Technical Assistance, Contraceptive
United Nations Children's Fund (UNICEF)	Safe motherhood initiatives, outreach strategy, adolescent reproductive health programs, targeted food supplementation, and technical assistance on child health and nutrition. Finances major rural water and sanitation projects
World Health Organization (WHO)	Policy and strategy development and leads polio, meningitis, and measles campaigns. Safe motherhood initiatives
GAVI Alliance	
Japan (JICA)	Expanded Program for Immunization
The Netherlands	Support activities in family planning, social marketing, post abortion care, youth-friendly services, private sector partnerships, and capacity building
Government of Sweden	Support activities in family planning, social marketing, post abortion care, youth-friendly services, private sector partnerships, and capacity building
Government of Italy	
Government of Ireland	Support activities in family planning, social marketing, post abortion care, youth-friendly services, private sector partnerships, and capacity building
Government of Norway	Support activities in family planning, social marketing, post abortion care, youth-friendly services, private sector partnerships, and capacity building
Government of France	
Government of Austria	
The Bill & Melinda Gates Foundation	Technical assistance and funding for the community health worker program
The Packard Foundation	Support activities in family planning, social marketing, post abortion care, youth-friendly services, private sector partnerships, and capacity building
Canadian International Development Agency (CIDA)	Support vitamin A supplementation and salt iodization
Global Fund for AIDS, TB and Malaria (GFATM)	Total approved funding is $6.2 billion, with $2.6 billion in malaria grants, $420 million for TB, and $3 billion in HIV/AIDS
The World Bank	Provide funding to the Government for procuring key health commodities, including contraceptives. Finance major rural water and sanitation projects
The African Development Bank	Finance major rural water and sanitation projects
The European Union	Finance major rural water and sanitation projects