



ETHIOPIANS AND AMERICANS  
IN PARTNERSHIP TO FIGHT HIV/AIDS

## Country Profile: Ethiopia

### HIV/AIDS in Ethiopia

Adults and Children Living with HIV:

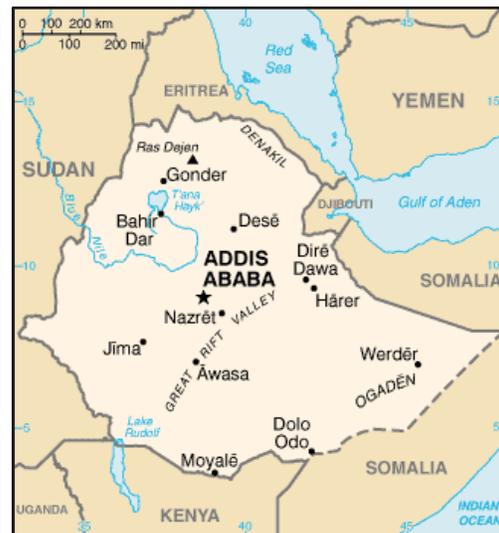
420,000 - 1.3 million<sup>1</sup>

AIDS Deaths (Adults and Children):

38,000 - 130,000<sup>1</sup>

AIDS Orphans: 280,000 - 870,000<sup>1</sup>

Ethiopia's national adult prevalence for 2003 was estimated at 4.4 percent, with a 12.6 percent urban prevalence rate and a 2.6 percent rural prevalence 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.<sup>2</sup> 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).

Key activities under U.S. President George W. Bush's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) include:

- Leveraging and complementing resources and commitment of other partners, including international partners 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 services;
- 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 approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Ethiopia received more than \$48 million in FY (Fiscal Year) 2004 and more than \$83.7 million in FY2005 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2006, the United States plans to provide approximately \$123 million to support Ethiopia's fight against HIV/AIDS.

President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease—a five-year, \$15 billion, multifaceted approach to combating the disease around the world.

*U.S. Department of State*

*U.S. Agency for International Development*

*U.S. Department of Defense*

*U.S. Department of Commerce*

*U.S. Department of Labor*

*U.S. Department of Health and Human Services*

*Peace Corps*

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<sup>1</sup> UNAIDS, Report of the Global AIDS Epidemic, 2006. In early 2006 important new data from a national community-based survey and from rural surveillance sites had become available in Ethiopia. At the time when this report went to press, those new data had only partially been analyzed. As a result, the estimates for Ethiopia in this report should be considered preliminary. UNAIDS and WHO will make new estimates, based on a comprehensive analysis of all data, available on their website as soon as possible.

<sup>2</sup> UNAIDS, Report of the Global AIDS Epidemic, 2004.

# Emergency Plan Achievements in Ethiopia to Date

## 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/or Being Faithful in FY2005 <sup>1</sup>	3,324,200
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 <sup>1</sup>	424,400
# of USG condoms shipped in Calendar Year 2005	69,597,000
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan <sup>3,4</sup>	30,200
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan <sup>3,5</sup>	1,200
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 <sup>3,4</sup>	390,500
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 <sup>3</sup>	185,700
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 <sup>3</sup>	45,400
# of individuals receiving downstream site-specific support for treatment as of September 30, 2006 <sup>1</sup>	40,000
# of individuals receiving upstream system strengthening support for treatment as of September 30, 2006 <sup>2</sup>	0

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

<sup>1</sup> Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.

<sup>2</sup> Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

<sup>3</sup> Total results combine individuals reached through downstream and upstream support.

<sup>4</sup> It is possible that some individuals were counseled and tested more than once.

<sup>5</sup> It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

## Critical Interventions for HIV/AIDS Prevention

- Trained or retrained approximately 12,000 youth and 600 adult leaders and reached approximately 750,000 youth through youth networks with behavior change and life skills programs that promoted abstinence and faithfulness.
- Supported efforts to prevent and control HIV/AIDS at Addis Ababa University, employing the “Modeling and Reinforcement to Combat HIV/AIDS” (MARCH) model to improve HIV/AIDS, sexually transmitted infection, and tuberculosis prevention and care activities. The MARCH model uses entertainment and interpersonal efforts to promote the adoption of HIV prevention behaviors and to encourage university community members to support and care for people living with HIV/AIDS and children whose parents have died of AIDS.
- Worked with the High Risk Corridor Initiative in 24 communities along the transport corridor from Addis Ababa to Djibouti to provide comprehensive HIV/AIDS prevention programs. Approximately 620 community leaders have been trained or retrained and approximately 50,000 youth, 22,470 mobile workers, and 1,500 people with HIV/AIDS have benefited from these prevention programs.
- Supported efforts of the Ministry of Health and Ethiopian Red Cross Society to establish new regional blood banks and strengthen the existing blood banks through provision of supplies, procurement of equipment, supportive supervision, and training of blood bank staff and clinicians on production and use of reliable and safe blood and blood products.

## Critical Interventions for HIV/AIDS Treatment

- Collaborated with the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria to support free antiretroviral treatment (ART) services in 56 hospitals and two health centers.
- Supported ART at the Defense University teaching hospital, located in Addis Ababa.

## Critical Interventions for HIV/AIDS Care

- Supported work of the development arm of the Ethiopian Orthodox Church and the Development Inter Church AID Commission to utilize and mobilize the strong Orthodox network to reinforce HIV prevention efforts and expand community-based care and support for orphans and vulnerable children and community-based palliative care for people living with HIV/AIDS.
- Supported approximately 35,000 people living with HIV/AIDS in hospices in 17 urban communities through the Medical Missionaries of Mary and Missionaries of Charity. The hospices provide medical care, spiritual support, basic nutrition and end-of-life care.
- Supported efforts of the Organization for Social Services for AIDS to provide care to 400 orphans and vulnerable children in Addis Ababa, Dire Dawa, Harari and Oromiya. Care includes home-based care and support, as well as institution-based medical care for opportunistic infections and end-of-life care.