

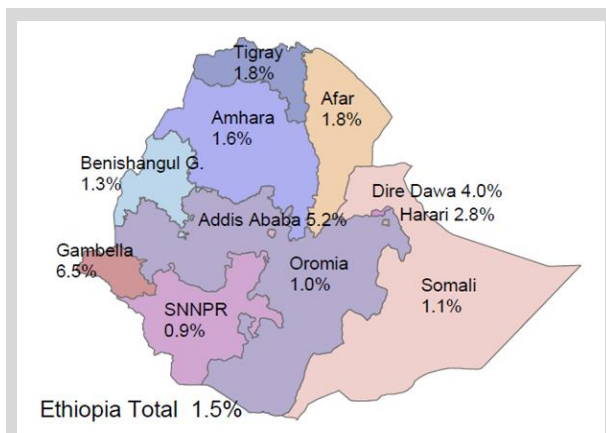


## EPIDEMIOLOGY

Ethiopia is in a low generalized HIV epidemic with significant heterogeneity among regions and population groups.

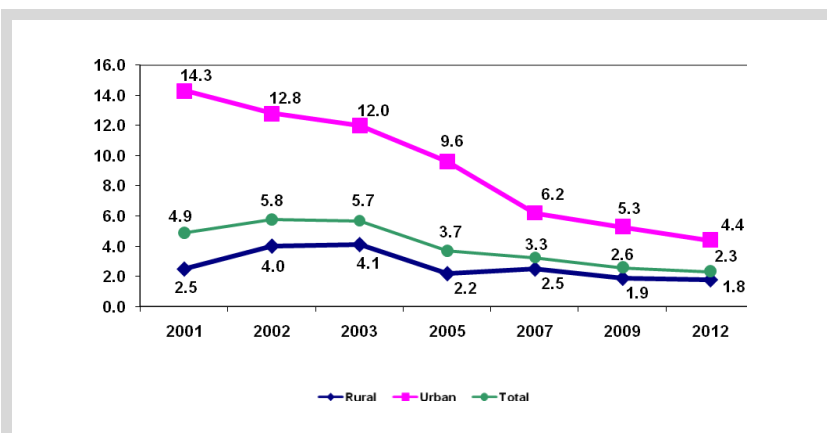
Estimated 753,100 people are living with HIV in Ethiopia with a declining national HIV prevalence – in 2011 it was estimated to be 1.5% (DHS 2011) and 1.1% in 2015 (2014 Spectrum projection); urban are more affected than rural areas while females are twice affected than male population with HIV.

Recent figures show that HIV infection has significantly decreased over the years in the country. Antenatal surveillance data on HIV prevalence among 15 - 24 year old pregnant women has significantly reduced to 2.1% in 2012 from 12.4% in 2001 (suggesting a decline of recent infection - HIV incidence).



FIGURE\_1

HIV prevalence by Administrative Areas - 2011 EDHS



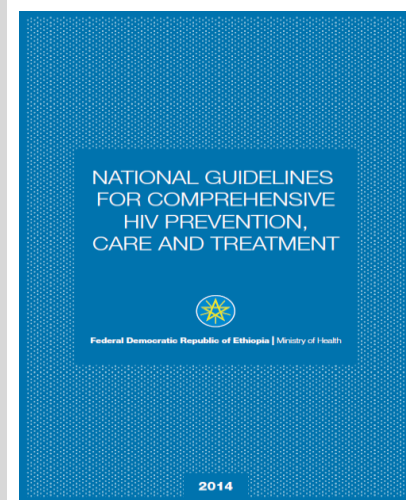
FIGURE\_2

Trends of HIV prevalence (%) among ANC clients (15-24) age group in all urban and rural surveillance sites in Ethiopia, 2001 -2012

## KEY COUNTRY RESPONSES

### Policy and Strategies

- The National HIV/AIDS Policy formulated in 1998 and various guidelines have been developed and implemented. Recently, the WHO 2013 consolidated HIV guideline adapted and implemented in all the regions.
- To guide the implementation of the HIV/AIDS program, key strategic interventions have been included in the five years Growth and Transformation Plan (GTP, 2010-2015) and Health Sector Development Plan (HSDP IV, 2010-2015) of the FMOH. Specifically, five years Intensifying Multi-sectoral HIV/AIDS Strategic Plan (SPM II, 2011-2015) developed and is being implemented.
- Country Investment Case for HIV/AIDS has been developed which guides and serves as a strategic planning document for the next five years (2015-2020).



FIGURE\_3

National guidelines for comprehensive HIV prevention, care and treatment.

## Human Resources:

- Ethiopia is addressing human resource challenges through a number of strategies, including intensive decentralization, task shifting, deployment of Health Extension Workers (HEW), and Health Development Army (HDA). The massive involvement of HEWs (largely women) in the community is crucial in creating awareness as well as demand for comprehensive HIV/AIDS prevention, care and treatment services in the country.

## Access to HIV/AIDS Services:

- HIV/AIDS continued to be one of the top priorities on the health sector agenda for the Ethiopian government. To this end, the number of facilities providing HIV Testing and Counseling

## KEY CONTRIBUTIONS OF WHO WITH PEPFAR SUPPORT

- 2013 WHO consolidated HIV guidelines adapted and implemented as of January 2014
- National comprehensive & integrated prevention of Mother-to-Child Transmission of HIV (PMTCT) guidelines (option B+) revised & implemented
- Provide technical assistance, both at national and region levels, in developing plans, monitoring the implementation through regular joint supportive supervisions (JSS) and review meetings
- Capacity building for national and regional HIV leadership. The recent hallmark was augmenting leadership capacity in Gambella region which won the World Guinness Book of Record by testing more than 3000 people at one testing site on the 2014 World AIDS Day
- Generation and utilization of HIV strategic information on the area of ANC sentinel surveillance, DHS 2011, national MARPs survey, HIVDR surveys, five years ART effectiveness study and PMTCT implementation status and outcome study, GARPR/UA reports
- The development of joint HIV-TB concept note for Global Fund grant application and also for preparation of 2015-2020 HIV investment case.

## KEY COUNTRY CHALLENGES

- Low pediatrics HIV care/ART coverage including children HIV testing.
- Generation of timely and credible national HIV data by HMIS.
- Service delivery in developing regional states still lagging behind.

## KEY WHO and CDC PRIORITIES for 2015

- Continue monitoring the implementation of the revised national HIV guidelines.
- Monitoring the implementation of national accelerated pediatrics HIV care/ART plan.
- Generation of HIV strategic information – on HIVDR, national HTC program evaluation, GARPR/UA 2014.

(HTC), PMTCT, and Antiretroviral Therapy (ART) services in the country is increasing from time to time. Out of the total health facilities, 79% of the facilities are providing HCT services, 57% PMTCT and 24% ART services.

## HIV Service Utilization and Coverage

- With expansion of HIV care and treatment services in the country, remarkable uptake has been achieved in HCT services. On Average per year more than 10 million people have been tested for HIV over the last five years, with 27% HIV testing counseling coverage among adult population in 2014.
- Close to 20,000 (65%) of HIV positive pregnant women have received ARV/ART to prevent the vertical transmission of HIV from mother to child in 2014. HIV positive mothers receiving treatment has increased from less than 7,000 in 2001 to 19,813 in 2014.
- Currently, 339,043 adults with 65% ART coverage are receiving ART. However, pediatric ART coverage is below 15% (22,955) which is an issue for concern.

## Evidence generation:

- Established monitoring and evaluation system, HMIS, MRIS, program evaluation, survey & surveillance, and research.

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