



# HIV and TB Strategic Information

Progress 2014

## BACKGROUND

WHO and CDC have been playing a proactive and crucial role in strengthening the HIV/AIDS and TB strategic information in Ethiopia. The key contributions of WHO with PRPFAR support include:

## HIV Strategic Information

### Establishing and strengthening of ART Patient Monitoring System

- The Federal HIV/AIDS Prevention and Control Office (FHAPCO) in collaboration with WHO country office and PEPFAR/CDC partners has developed the 1<sup>st</sup> ART patient monitoring system in 2005 following the WHO generic ART patient monitoring system.
- Currently more than 355,000 patients on ART (both adult and pediatric) are being followed with the paper based patient monitoring system in over 1000 ART sites at both public and private health facilities. The country has one M&E system for HIV/AIDS which recently has integrated to the national HMIS of the FMOH.
- WHO supports the country in disseminating national M&E reports during bi-annual joint review meetings and also posted on local websites so that everyone has access to the information ([www.etharc.org](http://www.etharc.org) and [www.HAPCO.gov.et](http://www.HAPCO.gov.et)).

### ART program evaluations and treatment outcome studies:

In order to determine the ART program effectiveness, FHAPCO in collaboration with WHO has conducted two big national surveys in 2009 and 2011. The first study had dealt with success and challenges of ART program in Ethiopia.

In 2011, the five-year ART program effectiveness study was carried out and it had analyzed more than 50,000 ART patients and determined the five years survival, quality of life and overall implementation status of the ART program in Ethiopia. Evidence gained from the study has been used in improving the ART program in the country.

### PMTCT program evaluation

A five-year national PMTCT program implementation status has been studied with more than 10,000 HIV positive pregnant women. The findings of this study have been an instrument in enhancing the PMTCT program in the country.

### PMTCT Option B+ mother-baby cohort system in Ethiopia

WHO has supported the establishment of PMTCT option B+ mother-baby pair cohort monitoring system by developing the cohort register and reporting tools. Currently, the mother-baby pair cohort system is being implemented in all PMTCT sites.

## National HIV testing and counselling programme evaluation

Currently WHO is providing support to FHAPCO/EPHI in conducting HIV testing and counseling (HTC) program evaluation.

## HIV/AIDS surveillance and surveys

WHO supports the ANC surveillance to monitor the trend of HIV in Ethiopia. Today the country has 13 rounds of ANC surveillance trend data that has been conducted every two years. The number of rural and urban ANC sites has been increased over years ensuring the representation of sites at national and regional level.

## HIV drug resistance prevention and monitoring surveys

WHO supports EPHI on the area of HIV drug resistance prevention and monitoring surveys including early warning indicator survey, HIV drug resistance acquired and transmitted surveys.

## Support on the Global Progress Report for Ethiopia

WHO supports FMOH/FHAPCO/EPHI in national HIV/AIDS estimation and projection using the SPECTRUM modeling and produced country update every year. Furthermore, they supported the country in producing timely global report such as GARPR and UA reports.

## TB Strategic Information

The key contributions of the WHO with PRPFAR support include:

- TB, TB/HIV and MDR TB program registers revised, printed and distributed to health facilities that are providing the services
- Additional 17 program indicators of TB, TB/HIV and MDR-TB indicators have been incorporated into national HMIS
- Two national TB program review conducted and findings were used to improve the national TB program
- Training on national TB program indicators, recording and reporting mechanisms have been given for health care workers
- Quarterly TB program HMIS report reviewed and finding shared to FMOH management meetings, regions, and program experts
- To improve the data quality, self-teaching materials were developed on recording and reporting of TB, TB/HIV, MDR-TB program indicators

### KEY COUNTRY CHALLENGES

- Slow pace of the rolling out of the HMIS system and data quality issues with particular focus on under-reporting, incompleteness, and inconsistency of data.
- Low data utilization at different level Generation of timely and credible national HIV data by HMIS.

### KEY WHO and CDC ACTIVITIES for 2015

- Continue the CDC and WHO strong collaboration and strengthen and support the existing HMIS to increase its efficiency in terms of data quality and data utilization.
- Support the FMOH to establish/strengthen the electronic HMIS system for better information generation.

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