



Office of the
United States
Global AIDS
Coordinator

COUNTRY PROFILE

HIV/AIDS

ETHIOPIA

Ethiopia has a population of 69 million people, of which 2.2 million are infected with HIV. Overall adult prevalence is estimated to be 6.6 percent (2003), with significant regional and urban/rural variations. It is estimated that annually 170,000 HIV-infected pregnant women give birth, and approximately 60,000 newborns are infected

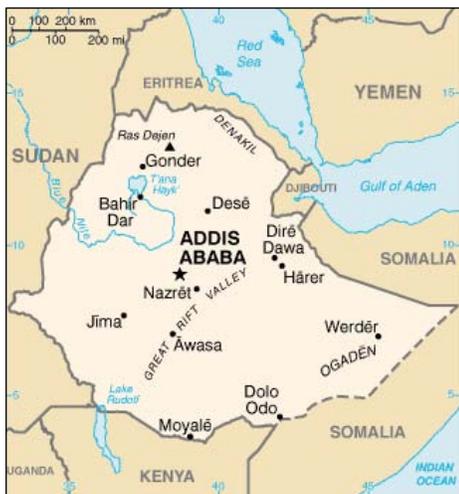
by HIV through mother-to-child transmission. There are currently 1.2 million orphans due to HIV/AIDS. The overall literacy rate is 32.8 percent, with overall per capita health expenditure at \$1.20 per person, one of the lowest in the world. Due to the lack of infrastructure in rural areas, HIV/AIDS service delivery capacity is hampered.

HIV/AIDS Epidemic in Ethiopia	
HIV Prevalence in Pregnant Women (2001)	13.2%
Estimated Number of HIV-Infected People (adults and children)	2.2 million (6% of world's HIV/AIDS cases)
Estimated Number of Individuals on Antiretroviral Therapy (2003)	4,500
Estimated Number of AIDS Orphans (2003)	1.2 million

U.S. GOVERNMENT RESPONSE

In 2003, President George W. Bush announced the Emergency Plan for AIDS Relief, a five-year, \$15 billion U.S. Government initiative that aims to provide treatment to at least two million HIV-infected individuals, prevent seven million new HIV infections, and provide care and support to 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children. To help attain these goals, the U.S. Government is rapidly expanding its programs and engaging new partners in 15 focus countries, including Ethiopia. Under the Emergency Plan, Ethiopia will receive \$41 million in 2004 to support a comprehensive treatment, prevention, and care program.

Treatment



The U.S. Government will provide antiretroviral therapy services in 25 hospitals as part of the hospitals' comprehensive, integrated services that include voluntary counseling and testing, mother-to-child prevention, tuberculosis, and opportunistic infection services. The program will help strengthen the national and regional drug management systems, procure antiretroviral drugs, adapt national treatment protocols, train health care providers, educate people living with HIV/AIDS, and develop workplace interventions. The program will also build the capacity of laboratories to increase the rapid and accurate diagnosis of HIV infection, opportunistic infections, tuberculosis, and sexually transmitted infections, and to measure the effectiveness of treatment.

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Prevention

The U.S. Government program will increase access to comprehensive services for preventing mother-to-child HIV transmission, including provision of on-site antiretroviral therapy. The program will supply test kits, ensure the availability of Nevirapine, and assist the Ministry of Health in managing commodities. It will help build the capacity of nongovernmental and faith-based organizations to mobilize communities and implement behavior change strategies. The U.S. Government will also support a nationwide radio program; anti-AIDS clubs in secondary schools to promote abstinence and delay of sexual debut; training in peer counseling; national and regional AIDS resource centers; and the development of multimedia materials for implementing targeted prevention messages. The program will support Modeling and Reinforcement to Combat HIV/AIDS, a strategic approach for both urban and rural communities. U.S. efforts will help strengthen the nation's blood safety and will train health care workers to use safe injection practices. The program will also support efforts to reach those at heightened risk through targeted condom social marketing.

Care

The U.S. Government program will establish integrated good-quality care, treatment, and support services to prevent and treat tuberculosis and other opportunistic infections at U.S. program sites. These services will provide entry points to identify HIV-positive individuals who need antiretroviral therapy. The program will support the development of training materials to educate health care providers about prevention of mother-to-child HIV transmission and opportunistic infections. It will also expand partnerships with community-based groups that provide home-based and palliative care. The U.S. Government will support organizations of people living with HIV/AIDS, strengthen linkages between voluntary counseling and testing services and community care, and provide nutrition support that will extend the lives of people living with HIV/AIDS.

Other

The U.S. Government will also continue to improve Ethiopia's surveillance system to gather data that will be useful in monitoring and evaluating programs, as well as in measuring national outcomes and impact. U.S. resources will support training in monitoring and evaluation, and in improved electronic data communications for surveillance. Software, hardware, and training of personnel are critical components of the strategic information system to expand public health information across key partners, as well as within the Ministry of Health and regional health bureaus. Crosscutting activities will focus on stigma, gender, and human capacity development.

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