HIV/AIDS in Ethiopia

A USAID Brief

Ethiopia’s HIV/AIDS epidemic is classified as “generalized” and continues to impact every sector of society. According to the Ministry of Health (MOH), approximately 3.2 million Ethiopians are living with HIV/AIDS, though the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated a total of 2.1 million at the end of 2001, with an adult prevalence of 6.4 percent. The U.S. Census Bureau estimates that life expectancy in Ethiopia will decline to about 42 years due to AIDS by 2010; without AIDS, life expectancy would be 55 years.

According to the MOH, sexual contact and perinatal transmission are the predominant modes of HIV transmission. Currently, 87 percent of all HIV/AIDS infections result from heterosexual transmission.

As of October 1997, men comprised about 61 percent of reported AIDS cases. HIV prevalence among pregnant women in Addis Ababa increased from 5 percent in 1989 to 18 percent in 1997.

As of 2001, about 200,000 children under age 15 were living with HIV/AIDS. Reversing years of progress in child survival, AIDS increased Ethiopia’s infant mortality rate by 7 percent from 1995 to 2000. According to the MOH, as of December 2001, an estimated 1 million Ethiopian children had been orphaned due to HIV/AIDS.

Most HIV infections in Ethiopia occur among young people in their teens and 20s, and young women are particularly vulnerable. The number of HIV-positive women in the 15- to 19-year-old age group is much higher than the number of HIV-positive men in the same age group. This is due to earlier initiation of sexual activity by women and the fact that their older partners often have more than one sexual partner.

NATIONAL RESPONSE

HIV prevention and control efforts by the MOH began in September 1987. Activities were directed entirely from a central MOH office and were focused primarily on the population in Addis Ababa, though 85 percent of the population lives in rural areas. In 1993, HIV/AIDS/STI prevention and control activities were decentralized to the regional health bureaus. Currently, an AIDS/sexually transmitted disease (STD) Control Team within the MOH provides technical assistance to regional offices, and coordinates activities and policies from a national perspective.
Ethiopia adopted a comprehensive HIV/AIDS policy in 1998 to emphasize prevention, care, and support, and target vulnerable groups. The plan has been updated for the 2000–2004 period through the Strategic Framework for the National Response to HIV/AIDS. The overall goals of the policy and framework are to reduce HIV transmission; reduce associated morbidity and mortality; and reduce burdens on individuals, families, and society at large.

The National AIDS Council, established in April 2000, includes government members, nongovernmental organizations (NGOs), and religious bodies. The Council has seven standing committees and implements national policy through 10 general strategies, the most important of which include:

- Information, education, and communication activities;
- STD prevention and control;
- HIV testing and screening;
- Adoption of proper sterilization and disinfection procedures;
- HIV surveillance, notification, and reporting; and
- Provision of medical care and psychosocial support to those affected by HIV/AIDS.

### USAID SUPPORT

USAID is mobilizing to increase resources to the health sector and make a concerted effort to confront the AIDS epidemic in Ethiopia. USAID provided $8.2 million in HIV/AIDS assistance to Ethiopia in FY 2001, up from $7.6 million in FY 2000.

In addition to providing support to the National AIDS Control Program, USAID supports programs to strengthen public and NGO capacity and participation; integrate prevention and control of HIV and sexually transmitted infections into reproductive health programs at the national, regional, and local levels; and promote a nationwide Family Life Education curriculum.

**USAID supports the following country programs:**

#### Capacity building

Family Health International (FHI)/IMPACT is working to increase the capacity of Ethiopian governmental and nongovernmental organizations to implement HIV/AIDS prevention, care and support interventions among vulnerable populations. Target groups include sex workers; out-of-school youth; high-risk men, including the military; male transport and migrant workers; orphans and vulnerable children; and people living with HIV/AIDS. In collaboration with the National AIDS Council Secretariat, the MOH, and the University of Addis Ababa, FHI

### Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population (2001)</strong></td>
<td>64.5 million</td>
</tr>
<tr>
<td><strong>Adult HIV Prevalence (end 2001)</strong></td>
<td>6.41 %</td>
</tr>
</tbody>
</table>

### HIV-1 Seroprevalence in Urban Areas

| Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors) | 73.7 % |
| Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors) | 14.3 % |

**Sources:** UNAIDS, U.S. Census Bureau
is supporting the development of a national monitoring and evaluation framework, including behavior surveillance to track trends in behavior among several population groups.

**Children affected by HIV/AIDS**

PACT supports organizations working with street children and children affected by AIDS. Issues of democracy and governance, including the rights of people living with HIV/AIDS and the rights of children orphaned due to AIDS, are also being addressed.

**Condom social marketing**

Population Services International/DKT has a vibrant social marketing program that sold more than 49 million condoms in 2000. DKT also conducts training programs on HIV awareness and on proper and consistent use of condoms for military personnel posted in border areas. DKT produced a two-hour film with the military on protecting their families from HIV/AIDS. With the initiation of the demobilization process, the military requisitioned an additional 60,000 condoms and HIV/AIDS information/education materials from DKT.

**Faith-based programs**

As part of a faith-based initiative implemented by Pathfinder, the Ethiopian Orthodox Church, the Evangelical Church, and the Ethiopian Islamic Affairs Supreme Council have received support to raise HIV awareness and extend care and support services to the general population. USAID-supported faith-based HIV/AIDS outreach programs reached more than 10 million people in 2000, of which 3 million were estimated to be adolescents.

**Policy/Advocacy**

The Futures Group International/Policy Project works with the World Bank, the MOH, the National AIDS Secretariat and the National AIDS Council, in setting policy guidelines and carrying out advocacy and monitoring and evaluation of the National AIDS program. Advocacy activities have resulted in an increased awareness and commitment by high-level policy makers, including the President of Ethiopia. The Policy Project also assists the MOH in sentinel surveillance data analysis.

**Prevention/Education**

Pathfinder works with the Confederation of Ethiopian Trade Unions and the Addis Ababa Chamber of Commerce to implement HIV/AIDS prevention programs in the workplace. Pathfinder also works directly with groups at high risk of HIV infection (i.e., sex workers and truckers) to implement both preventive and mitigation measures.

**CHALLENGES**

According to the Strategic Framework for the National Response to HIV/AIDS, 2000-2004, obstacles to implementing an effective response include:

- Improving access and overall quality of HIV/AIDS/STD services;
- Addressing the social stigma attached to persons living with HIV/AIDS;
- Addressing professional resistance to introduction of syndromic management of STDs;
- Addressing the lack of power among women to negotiate condom use;
- Reversing negative attitudes toward condom use among men;
- Addressing religious and cultural barriers to gender equality; and
- Establishing a coordinating mechanism for partnerships among government, NGOs and the private sector.
SELECTED LINKS AND CONTACTS

1. USAID/Ethiopia, Douglas Sheldon, Mission Director, P.O. Box 10104, Addis Ababa. Tel: 251-1-510-088, Fax: 251-1-510-043, E-mail: aidethiopia@usaid.gov, Web site: http://www.usaidethiopia.org/

2. Ethiopian Ministry of Health, P.O. Box 1234, Addis Ababa. Tel: 251-1-517011, Fax: 251-1-519366

3. UNAIDS/Ethiopia; Tel: 251-1 510152, Fax: 251-1-511021

Prepared for USAID by TvT Associates under The Synergy Project.
For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.

Please direct comments on this profile to: info@synergyaids.com.

July 2002