

Ethiopia



*Prepared for the Consultative Meeting on Strategies for increasing the engagement of the
Private Sector in the National HIV/AIDS Agenda in MAP countries*

LIVINGSTONE, ZAMBIA
JULY 14TH-19TH, 2003

ETHIOPIA COUNTRY PAGE

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Assessment of the Epidemiological Situation and Demographics

Estimated percentage of adults living with HIV/AIDS, end of 2001

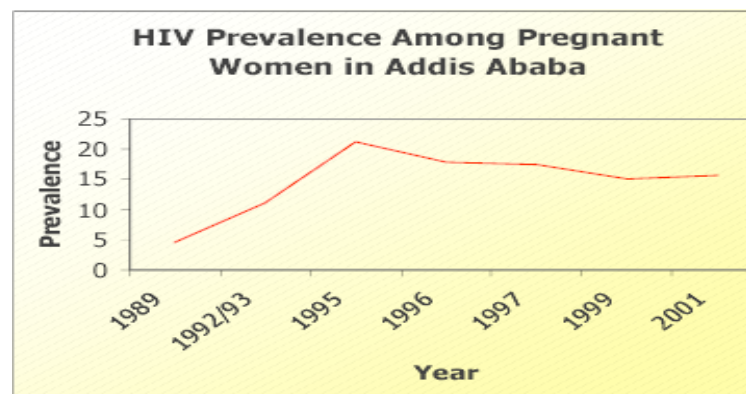
These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001: **6.6 %**

Estimated number of deaths due to AIDS

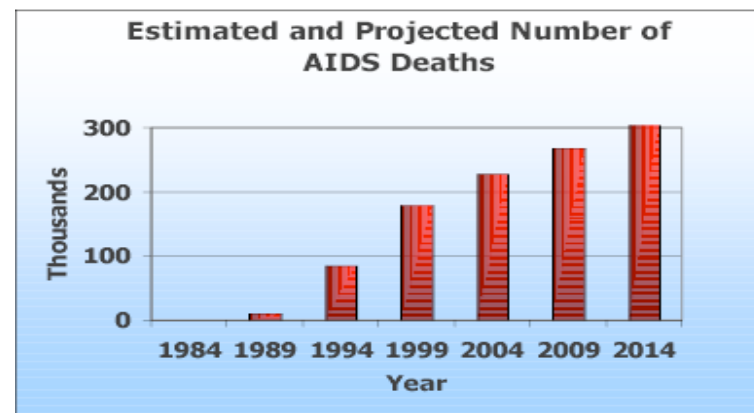
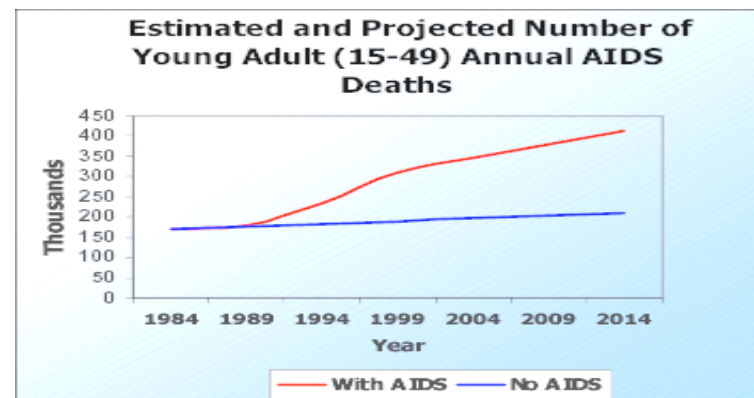
Estimated number of adults and children who died of AIDS during 2001: **160,000**

- HIV prevalence among antenatal clinic attendees tested in Addis Ababa increased from 4.6% in 1989 to 17.8% in 1996. In 1999/2000, HIV prevalence in Addis Ababa was 15.05%. Outside of Addis Ababa, there is limited information on HIV prevalence among antenatal clinic women.
- In 1985, less than 1% of sex workers tested HIV positive in Addis Ababa. By 1990, HIV prevalence among sex workers tested in Addis Ababa had reached 54%. Outside of Addis Ababa, in 1998, 17% of sex workers tested across 22 sites were HIV positive.
- Among Sexually Transmitted Infections (STI) patients in Addis Ababa, HIV prevalence increased from 8% in 1987 to 38% in 1992.
- In 1985-86 about 0.1% of the military recruits were HIV positive and the rate increased to 3% in 1991.
- In 1988, 17.3% of the drivers of the Ethiopian Freight Transport Corporation tested were HIV positive and the percentage of HIV positive drivers in the corporation had risen to 33% in 1992. Among the technicians of the same corporation, HIV prevalence rose from 4.1% in 1988 to 78% in 1992.

Patterns of Change in HIV Prevalence in Addis Ababa: 1989-2001

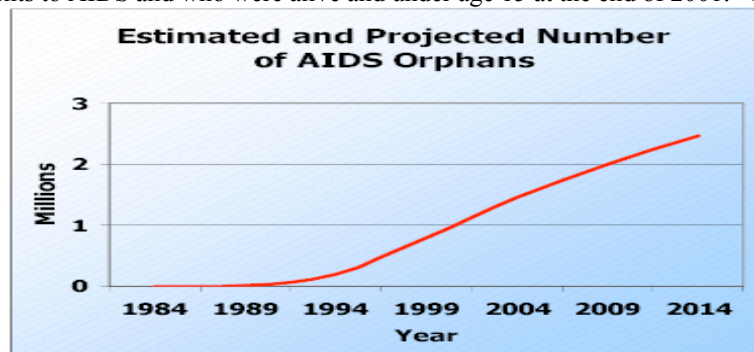


Source: UNAIDS/WHO Epidemiological fact sheet – 2002 Update, “AIDS in Ethiopia”, Ethiopia Ministry of Health, October 2002



Estimated number of orphans

Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 15 at the end of 2001: **1.2 million**



Source: “AIDS in Ethiopia”. Ethiopia Ministry of Health. October 2002

HIV/AIDS Impact on the Macroeconomic level	National Response
<ul style="list-style-type: none"> In one study, the low variant of a macroeconomic simulation model found that there would be a negative effect on savings and thus capital formation, reducing the capital-labor ratio from about 2.14 in 1995 to 1.64 in 2010 as a result of HIV/AIDS. <p><i>Source: Lori Bollinger, John Stover, Eleni Seyoum. "The Economic Impact of AIDS in Ethiopia" September 1999, The Futures Group International in collaboration with: Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA)</i></p> <ul style="list-style-type: none"> In another study conducted in 1994-95 on the direct and indirect costs of HIV/AIDS, Kello estimated that for 1997-2000, the direct medical costs of HIV/AIDS ranged from US\$32 million to US\$49 million (low-cost scenario). Income loss as a result of premature death was estimated at 23 to 42 percent of GNI. <p><i>Source: Lisa Garbus "HIV/AIDS in Ethiopia" Country AIDS Policy Analysis Project, AIDS Policy Research Center, University of California San Francisco (April, 2003)</i></p>	<ul style="list-style-type: none"> Ethiopia's MOH begun HIV prevention and control efforts in September 1987 focusing primarily 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: <ul style="list-style-type: none"> to reduce HIV transmission; reduce associated morbidity and mortality; and reduce burdens on individuals, families, and society at large. The National HIV/AIDS Prevention and Control Council established in April 2001 includes government members, nongovernmental organizations (NGOs), and religious bodies. The Council has seven standing committees and implements national policies through 10 general strategies, the most important of which include: <ul style="list-style-type: none"> 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. The National HIV/AIDS Prevention and Control Office (HAPCO) was established by proclamation in June 2002 by replacing the NACS. This is considered an important undertaking, which provided an enabling environment and ample opportunities for all those already involved and potential actors in the prevention and control of HIV/AIDS to align for a concerted effort.
<p>HIV/AIDS Impact on the Private Sector</p> <ul style="list-style-type: none"> A study evaluated the economic impact of HIV/AIDS in 15 different establishments. The HIV incidence was 0.58% of the workforce, and was concentrated mainly in manufacturing, and transport and communication industries. It was not possible to quantify the effects of HIV/AIDS on productivity, but firms were experiencing a certain amount of absenteeism. <p><i>Source: Lori Bollinger, John Stover, Eleni Seyoum "The Economic Impact of AIDS in Ethiopia" September 1999 The Futures Group International in collaboration with: Research Triangle Institute (RTI) and the Centre for Development and Population Activities (CEDPA)</i></p> <ul style="list-style-type: none"> According to the 2000 EDHS, only 4 percent of men and 1 percent of women have heard about HIV/AIDS at their workplace. Of "employed" women, however, 56 percent work in the agriculture sector, and of these, 94 percent work on their own land. Among employed men, 84 percent work in agriculture. Thus, reaching people in rural areas is crucial. Some workplace interventions are beginning to occur. For example, the Confederation of Ethiopian Trade Unions and the Addis Ababa Chamber of Commerce have received funding from USAID and the HIV/AIDS Prevention and Control Office (HAPCO), to implement HIV prevention programs in the workplace. <p><i>Source: Lisa Garbus "HIV/AIDS in Ethiopia" Country AIDS Policy Analysis Project, AIDS Policy Research Center, University of California San Francisco (April, 2003)</i></p>	<p><i>Source: USAID, HIV/AIDS in Ethiopia</i></p>

Multisectoral Response	List of Contacts (websites and useful contacts)
<p>The 2002 Global Fund for AIDS, Tuberculosis and Malaria (GFATM) proposal provided the following information on the main donor support for HIV/AIDS in Ethiopia:</p> <ul style="list-style-type: none"> • WHO: Technical support to health sector HIV/AIDS interventions: US\$1.75 million for 2002-2003 • UNICEF: Support to multisectoral HIV/AIDS interventions, PMTCT, youth prevention: US\$3.4 million for 2001 –2002 • UNAIDS: Support to HAPCO, support MOH in VCT: US\$486,000 for 2002-2003 • UNDP: Leadership, advocacy & communication, mainstreaming in planning, human rights, socioeconomic research: US\$3 million for 2002-2006 • World Bank: Funding for the Ethiopian Multisectoral HIV/AIDS Program: \$59.7 million (in total) • USAID: Prevention, care and support, BSS: no amount provided in the GFATM proposal (USAID provided US\$8.2 million in HIV/AIDS assistance to Ethiopia in FY2001, up from \$7.6 million in FY2000) • Ireland Aid: Support to MOH in strengthening VCT and OI management: US\$34,000 for 2002 HIV/AIDS in Ethiopia • DFID: Support to multisectoral response: US\$35,000 for 2002 • Netherlands: Ethiopia-Netherlands AIDS Research Project (ENARP), WHO Netherlands support: over US\$1 million for 2002-2003 • Norway: Support channeled through UNICEF, UNFPA and HAPCO: US\$1.3 million for 2002 • CDC: Surveillance, STI, VCT: US\$10 million for 2002-2003 (more on further CDC funding to reach military personnel below) • G T Z: Support to Amhara, Tigray, and Oromiya Regions: US\$120,000 for 2002 • Japan and Italian Cooperation are also funding HIV/AIDS activities in Ethiopia. <p>There are also many other agencies, faith-based organizations and NGOs involved in HIV/AIDS in Ethiopia such as FHI, CARE Ethiopia, Action AID, Dawn of Hope and Mekdim Ethiopia HIV Positive Persons, Christian Relief and Development Agency and AIDS Orphans National Association.</p> <p><i>Source: Lisa Garbus “HIV/AIDS in Ethiopia” Country AIDS Policy Analysis Project, AIDS Policy Research Center, University of California San Francisco (April, 2003)</i></p>	<ul style="list-style-type: none"> • Ethiopian Ministry of Health, P.O. Box 1234, Addis Ababa. Tel: 251-1-517011, Fax: 251-1-519366 • HIV/AIDS Prevention and Control Office (HAPCO): Ato Negatu Mereke, Head. P.O. Box 1223, Addis Ababa, Ethiopia. Tel: 215-1-635101, 215-1-628035, 251-9-229705(mobile) Email: hiv.aids@telecom.net.et • Ethiopian Private Sector Working Group, Tesgaye Degefu, Shell Ethiopia Ltd., Higher 19, Keb 47, House 280, Debre Zeit Road, P.O.Box 3174, Addis Ababa, Ethiopia. Tel: 251-1-404040 Ext. 20251-9-247024 (mobile) Email : tsegaye.t.degefu@sheleth.simis.com • Link to Resource Directory of HIV/AIDS Services in Addis Ababa, Ethiopia: http://fhi.org/en/HIVAIDS/Publications/Addis+Ababa%2c+Ethiopia+HIV-AIDS+Resource+Directory.htm

Ethiopia – List of Potential Direct Partners

<u>Source</u>	<u>URL/Contact Info</u>	<u>What to find</u>	<u>Comments</u>
HIV/AIDS Prevention and Control Office (HAPCO):	Ato Negatu Mereke Head, HAPCO P.O. Box 122326, Addis Ababa, Ethiopia Telephone: 215-1-635101, 215-1-634790, 251-9-229705(mobile) Fax numbers: 251-634789/84 Email: hiv_aids@telecom.net	All HIV/AIDS intervention Areas	Coordinate and Support HIV/AIDS Prevention, Control and Mitigation activities throughout the nation
Family Health International-Ethiopia (FHI)	Ms. Francesca Stuer fhi@telecom.net f_stuer@yahoo.com	HIV/AIDS prevention and support targeted for high risk groups and PLWHA	
Action Aid Ethiopia	Jemal Ahmed Jemala@actionaidethiopia.org	Wide area of HIV/AIDS prevention and control interventions – General population	
Dawn of Hope (PLWHA-association)	Ato Mulugeta Gessese dhe@telecom.net	Prevention and control activities mainly targeted to PLWHA	
Ministry of Health (MoH)	Dr. Afework moh@telecom.net	HIV/AIDS and other STIs prevention and control activities	
Ethiopian Health & Nutrition Research Institute (EHNRI)/ENARP	Dr. Aberra Geyid enarp@telecom.net	Mainly clinical research activities on HIV/AIDs	
ILO	Ms. Michel K. Gozo gozo@ilo.org	Work place education and care programs	
UNDP	Mr. Samuel Nyambi Samuel.nyambi@undp.org	Capacity and leadership development to mainstream HIV/AIDS into policies, strategies and programs etc.	
World Health Organization	Dr. Angela Benson wret@whoet.org	Capacity building, management of STI, & opportunistic diseases, vct and universal precautions.	

USAID	Ms. Holly Fluty Demtey hdempsey@usaid.gov	Wide area of HIV/AIDS prevention and control interventions	
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