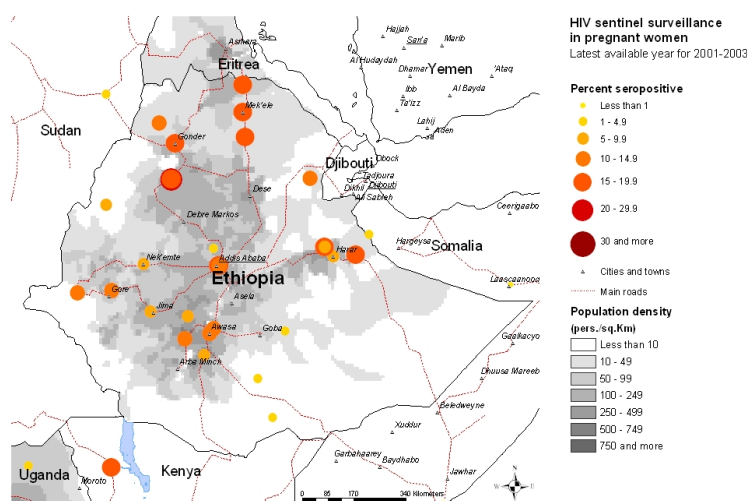


WHO estimate of number of people requiring treatment - end 2004: 211 000  
 Antiretroviral therapy target declared by country: 93 000 by the end of 2005



SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	72.4	United Nations
Population in urban areas (%)	2003	15.5	United Nations
Life expectancy at birth (years)	2002	48.0	WHO
Gross domestic product per capita (US\$)	2002	87	IMF
Government budget spent on health care (%)	2002	7.6	WHO
Per capita expenditure on health (US\$)	2002	5	WHO
Human Development Index	2002	0.359	UNDP

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	2.8% - 6.7%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	950 000 - 2 300 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15-49 years)	April 2005	16 400	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	211 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	March 2005	535	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	29.1%	WHO

## 3. Situation analysis

### Epidemic level and trend and gender data

The first HIV/AIDS cases in Ethiopia were reported in the mid-1980s. Since then, the epidemic has spread to the general population in both urban and rural areas. In 2003, Ethiopia had an estimated 950 000 to 2.3 million people living with HIV/AIDS, among the highest in the world. An estimated 120 000 adults and children died from HIV/AIDS in 2003, and 720 000 children younger than 17 years had been orphaned by HIV/AIDS at the end of 2003. The average prevalence rate of HIV infection in the adult population is estimated to be in the range of 2.8-6.7%, with a much higher proportion in urban areas than in rural areas. The fifth report on AIDS in Ethiopia published in June 2004 by the Federal Ministry of Health indicated a national adult prevalence of 4.4% in 2003, with a prevalence of 12.6% in urban areas and 2.6% in rural areas. The report also indicated a continuous gradual increase in national prevalence between 1982 and 2003, but with recent signs that the epidemic is stabilizing, particularly in urban areas, indicating some behavioural change in the population. Prevalence is higher among women - 5.0% in 2003 versus 3.8% among men. The highest prevalence rates are in the age group 15-24 years, and women in this age group are especially vulnerable. The high incidence of sexually transmitted infections, the prevalence of multiple sexual partners and harmful traditional practices such as female genital mutilation and body piercing have also contributed to the spread of the epidemic.

### Major vulnerable and affected groups

HIV transmission in Ethiopia occurs mainly through heterosexual contact. Some transmission also occurs from mother to child and through transfusion of infected blood and unsafe medical practices. With 45% of Ethiopia's population under 15 years of age, young people are especially vulnerable. Other vulnerable population groups include female sex workers, unemployed people, long-distance truck drivers, migrant workers and internally displaced populations.

### Policy on HIV testing and treatment

HIV testing and counselling began in Ethiopia in the late 1980s and expanded during the 1990s. Counselling and testing services are available to anyone who seeks an HIV test regardless of whether the person has a known or suspected HIV risk. Special target groups for voluntary counselling and testing include people seeking services at clinics for sexually transmitted infections, blood donors, partners of people living with HIV/AIDS and people seeking services at family planning clinics, antenatal clinics and youth facilities. National policy recommends that voluntary counselling and testing be accompanied by a minimum package for care including the possibility for home-based care, the availability of essential drugs such as painkillers and drugs for opportunistic infections as well as psychosocial support. National guidelines on voluntary testing and counselling for HIV have been developed with the aim of standardizing testing protocols and the training of counsellors and supporting the expansion of counselling and testing services within the community outside health facilities. The guidelines will be updated to include the provider-initiated HIV testing approach. There has been a massive scale up of voluntary counselling and testing services in Ethiopia in the last two years. A technical working group on testing and counselling has been established. The government is highly committed to increasing access to antiretroviral therapy. In 2002, Ethiopia approved a national policy providing tax exemption for antiretroviral drugs and related supplies with the objective of providing treatment at a low cost to people in need. In January 2005, the government launched a programme to provide access to antiretroviral therapy free of charge and made a commitment to roll out the programme across the country in 2005 and 2006, with the long-term objective of ensuring universal access to treatment. The government also committed to expanding voluntary counselling and testing services across the country along with the roll-out of antiretroviral therapy. Clinical guidelines on the use of antiretroviral drugs have been developed in accordance with international standards. The current model for delivering antiretroviral therapy is physician-led and hospital-based. The health centres provide services for HIV/AIDS chronic care, identify and refer eligible people, follow up people living with HIV/AIDS who are stable and provide information on antiretroviral therapy. The community level provides services for treatment adherence, literacy and preparedness. Antiretroviral drugs are distributed by licensed pharmacists at authorized outlets.

### Antiretroviral therapy: first-line drug regimen, cost per person per year

The recommended first-line drug regimens are lamivudine + stavudine + nevirapine; (zidovudine + stavudine) + nevirapine; lamivudine + stavudine + efavirenz; and (zidovudine + stavudine) + efavirenz. The average cost of the recommended first-line regimens is US\$ 360 per person per year.

### Assessment of overall health sector response and capacity



The government has demonstrated a very high level of political commitment to combat the epidemic since the late 1980s. A National Task Force on HIV was established in 1985, and two medium-term prevention and control plans were designed and implemented between 1987 and 1996. A comprehensive HIV/AIDS policy was adopted in 1998 outlining strategies for HIV prevention, care and support and targeting vulnerable groups. The National AIDS Prevention and Control Council was established in 2000 under the leadership of the President and oversees the implementation of the federal and regional HIV/AIDS plans, examines and approves annual plans and budgets and monitors plan performance and impact. In 2001, a Strategic Framework for the National Response to HIV/AIDS in Ethiopia was adopted, outlining priority interventions for promoting and distributing condoms, providing voluntary counselling and testing, managing sexually transmitted infections, ensuring blood safety, preventing mother-to-child transmission, providing care and support for people affected by the disease, protecting human rights, conducting surveillance and research and carrying out information, education and communication. The response is multisectoral and engages the public sector, private sector, nongovernmental organizations, faith-based organizations and community-based organizations. Activities are decentralized, coordinated at the national level by the HIV/AIDS Prevention and Control Office within the Ministry of Health. In January 2005, the government launched a national programme to provide access to antiretroviral therapy free of charge across the country, together with a Social Mobilization Strategy on HIV/AIDS and a National Multisectoral Strategy for the period 2004-2008. A national road map for accelerating access to HIV/AIDS care and treatment has been finalized and regional road maps are being developed.

#### Critical issues and major challenges

HIV/AIDS is one of the key challenges for overall national development in Ethiopia. It has led to a seven-year loss in life expectancy, close to a million orphans and a loss of productivity and income at the workplace with severe effects at the household and community levels. The high rates of morbidity and mortality associated with HIV/AIDS have strongly affected the health sector and are among the major impediments to delivering quality care to its full capacity. With 119 hospitals and 412 health centres, Ethiopia's health infrastructure has the potential to scale up access to antiretroviral therapy, but there is a substantial shortage of health workers to serve the needs of a rapidly expanding population. This shortage is aggravated by high turnover among health workers, especially physicians and counsellors, throughout Ethiopia. Antiretroviral therapy is provided only at referral and provincial hospitals. Scaling up antiretroviral therapy services would require an extension within the health system to include more peripheral facilities. Systems to procure and distribute drugs and surveillance, monitoring and evaluation systems also need to be strengthened.

## 4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

- WHO estimates that between US\$ 196.4 million and US\$ 208.7 million is required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 100 000 people by the end of 2005.
- Ethiopia submitted a successful Round 2 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria with a total funding request of US\$ 139.4 million, focusing on a large range of HIV activities including voluntary counselling and testing, clinical management of HIV, home-based care, capacity-building, surveillance and monitoring and evaluation. Funding of US\$ 55.4 million was approved for the first two years of implementation. Ethiopia also submitted a successful Round 4 proposal to the Global Fund with a total funding request of US\$ 401.9 million, focusing on expanding access to HIV/AIDS care and treatment. Funding of US\$ 41.9 million was approved for the first two years. An estimated US\$ 52.7 million is expected to be available from Global Fund money during 2004-2005 to scale up antiretroviral therapy.
- A World Bank loan of US\$ 59.7 million for the World Bank Multi-Country HIV/AIDS Program for Africa provides support for diagnostic capacity-building, including procuring equipment and consumables and training personnel. Under this Project, 12 referral laboratories will be equipped with devices for determining viral load and counting CD4 cells.
- Ethiopia is a beneficiary of the United States President's Emergency Plan for AIDS Relief, with an allocation of US\$ 41 million in 2004 and a planned budget of US\$ 61.4 million in 2005 for HIV/AIDS prevention, care and treatment. An estimated US\$ 10.7 million is anticipated to be available to support scaling up antiretroviral therapy during 2004-2005.
- Government funds are anticipated to provide an estimated US\$ 44.1 million to support scaling up antiretroviral therapy during 2004-2005, including support for strengthening human resource capacity.
- Other bilateral partners are estimated to have committed about US\$ 15.7 million for scaling up antiretroviral therapy during 2004-2005.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that Ethiopia will face a funding gap between US\$ 73.2 million and US\$ 85.5 million to reach 100 000 people by the end of 2005.

## 5. Antiretroviral therapy coverage

- In 2003, WHO/UNAIDS estimated Ethiopia's total treatment need to be 200 000 people, and the WHO "3 by 5" treatment target was calculated at 100 000 people by the end of 2005 (based on 50% of estimated need). In 2004, WHO/UNAIDS estimated that Ethiopia's total treatment need had risen to 211 000 people. The government has declared a national treatment target of 93 000 people by the end of 2005.
- In January 2005, the government launched a programme to provide universal access to antiretroviral therapy free of charge and made a commitment to roll out the programme across the country. The national road map for scaling up access to antiretroviral therapy plans to provide treatment to 40 000 people by the end of 2005 and 100 000 people by the end of 2006. A total of 88 health facilities have been identified for providing antiretroviral therapy in 2005.
- In September 2004, 9500 people were reported to be receiving treatment. In April 2005, 16 400 people were receiving antiretroviral therapy in Ethiopia.
- The Global Fund Round 2 grant plans to provide treatment to 20 000 people. The Global Fund Round 4 proposal plans to provide antiretroviral therapy free of charge to 53 000 adults and 5000 children in the first year of the proposal, increasing to 75 000 adults and children in the second year and 150 000 in the fifth year of implementation.
- The United States President's Emergency Plan for AIDS Relief has indicated a target of 210 000 people receiving antiretroviral therapy by 2008.
- Armed Forces hospitals and a site supported by Médecins Sans Frontières provide some treatment to military personnel and their spouses. Médecins Sans Frontières is expected to support the delivery of antiretroviral drugs free of charge to as many as 1500 people living with HIV/AIDS, including marginalized groups such as sex workers. Private companies have expressed keen interest in providing antiretroviral therapy to their employees.

## 6. Implementation partners involved in scaling up antiretroviral therapy

#### Leadership and management

The Federal Ministry of Health coordinates the national health sector response to HIV/AIDS, including the scaling up of antiretroviral therapy. At the regional level, the response to HIV/AIDS is coordinated by the Regional Health Bureaus. The HIV/AIDS Prevention and Control Office, chaired by the Ministry of Health, coordinates the multisectoral response. An Executive Committee for HIV/AIDS has been established together with national subcommittees and Technical Working Groups to provide overall guidance.

#### Antiretroviral therapy service delivery

The HIV/AIDS Prevention and Control Office within the Ministry of Health coordinates activities related to delivering antiretroviral therapy services, including services for counselling and testing, managing tuberculosis (TB) and sexually transmitted infections and preventing mother-to-child transmission. The Ministry of Health is also responsible for building human resource capacity and expanding entry points to antiretroviral therapy services across the country. International nongovernmental organizations such as Médecins Sans Frontières Holland also provide antiretroviral therapy. The Pharmaceuticals and Supplies Service supports the procurement and supply management of drugs. WHO provides support in developing antiretroviral therapy guidelines and in training health workers. WHO also provides support for voluntary counselling and testing, preventing mother-to-child transmission, blood safety, drug procurement and supply management and TB and HIV interventions. The United States Centers for Disease Control and Prevention support the implementation of an essential package for HIV/AIDS prevention and care. UNICEF supports programmes for preventing mother-to-child transmission and for prevention among youth. The International Training and Education Center on HIV and Family Health International provide support for building capacity for scaling up antiretroviral therapy. Family Health International also supports the scaling up of voluntary counselling and testing services.

#### Community mobilization

The private sector, nongovernmental organizations and faith-based organizations participate in scaling up antiretroviral therapy in Ethiopia. The Ministry of Health provides leadership in expanding community involvement in HIV/AIDS activities and in expanding home-based care services and services provided by the private sector and faith-based organizations. UNICEF provides support for behavioural change communication, especially among young people.

#### Strategic information

The HIV/AIDS Prevention and Control Office coordinates the national monitoring and evaluation framework. The Ethiopian Health and Nutrition Research Institute supports drug resistance surveillance. The Ethiopian Public Health Association supports operational research activities. WHO and the United States Centers for Disease Control and Prevention support surveillance activities.

## 7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Assessing the overall antiretroviral therapy situation in accordance with "3 by 5" and identifying opportunities for scaling up
- Reviewing the national policies, guidelines and strategies on antiretroviral therapy
- Supporting the development of national and regional road maps for scaling up antiretroviral therapy, and supporting the Ministry of Health to coordinate HIV/AIDS interventions in the country
- Reviewing the model for delivering antiretroviral therapy and assessing its potential for rapid scale-up (involving intermediate- and lower-level health workers)
- Assessing the human resource situation for scaling up antiretroviral therapy
- Adapting the WHO Integrated Management of Adult and Adolescent Illness (IMAI) guidelines for HIV care, developing training materials and conducting training of health workers
- Assisting in developing a procurement plan for antiretroviral drugs and diagnostics
- Supporting the implementation of TB and HIV collaborative programmes
- Supporting the mapping of blood transfusion service provision to strengthen blood safety
- Assisting in developing the Global Fund Round 4 proposal addressing specific antiretroviral therapy needs
- Through the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS: establishing two voluntary counselling and testing sites (Harari and Kombolcha districts), strengthening the management of opportunistic infections at three sites (Kombolcha, Bahrdar and Gambella); strengthening syndromic management of sexually transmitted infections at four sites (Harari, Bahrdar, Oromiya and Gambella); strengthening youth-friendly health services at two sites (Oromiya and Bahrdar); and building institutional capacity within the Ministry of Health for improving the coordination and monitoring of HIV/AIDS activities
- Establishing a "3 by 5" country team to support the government and all partners in scaling up antiretroviral therapy

#### Key areas for WHO support in the future

- Assisting in overall coordination of the antiretroviral therapy programme and harmonizing it with various partner initiatives
- Supporting the development of regional road maps for scaling up antiretroviral therapy
- Developing a human resource strategy and a national plan for strengthening human resource capacity to scale up antiretroviral therapy
- Supporting the roll-out of training of health service providers
- Assisting in procuring and managing the supply of antiretroviral drugs
- Assisting in developing a plan to strengthen laboratory services
- Assisting in strengthening monitoring and evaluation systems

#### Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one international "3 by 5" Country Officer, two National Programme Officers for general HIV activities, one National Programme Officer to coordinate activities funded by the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, and one Medical Officer for blood safety.
- Additional staffing needs identified include five National Programme Officers to be based at the Ministry of Health, 11 National Programme Officers to be based in the regions, an administrative officer, a finance officer and a clerk.