

ETHIOPIA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNFPA, UNODC, UN WOMEN, UNESCO, WHO, UNAIDS
SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

Over the last two decades, Ethiopia has made significant progress in its national HIV response and as a result the epidemic showed a declining trend overtime. Ethiopia has now entered an epidemic transition phase. These achievements are the result of a concerted effort by government, the Joint Team, civil society, and other development partners in strengthening the health system and implementing focused HIV programmes and services. The Joint Team made valuable contributions in the expansion of primary healthcare services and community-led initiatives which scaled up HIV prevention and treatment services for key and vulnerable populations, including people living with HIV in refugee camps. Access to sexuality education and reproductive health and HIV prevention services were improved for adolescent and young people in and out of school settings. The Joint Team played a critical role in assessing the cost-effectiveness and resource needs and mobilizing resources for the national HIV response. Intense advocacy and technical support by the Joint Team have also resulted in the introduction of harm reduction programme for the first time in Ethiopia.

HIV TESTING AND TREATMENT

With extensive technical and financial support from the Joint Team, the Government revised the HIV National Strategic Plan (NSP) 2021-2025 which aims to sustain the current gains, further reduce new HIV infections and AIDS-related deaths to less than 1 in 10 000 people in the general population and achieve AIDS epidemic control nationally by 2025.

In 2021, the Joint Team and development partners supported the Federal Ministry of Health to roll out the *Replication of Operation Triple A (RoTA)* campaign aimed at enhancing HIV case detection and linkages to treatment to accelerate progress towards the 95-95-95 targets. This included revising the 2018 national HIV guidelines in alignment with 2021 WHO guidance; development and implementation of optimized antiretroviral treatment (ART) which led to adoption of Dolutegravir-based paediatrics treatment. RoTA scaled up innovative approaches, such as HIV self-testing, index testing and partner notification, provider-initiated testing and counselling, and social networking services targeting people living with HIV, key and priority populations, including adolescent girls and young women, long truck drivers, widowed and divorced people, and workers in hot spots in selected high yield facilities. It also strengthened data use and performance review practice at all levels.

Social restrictions and reduced functionality of health facilities due to the COVID-19 pandemic significantly impacted the national HIV response. Thus, technical assistance was provided to the Ministry of Health in maintaining and monitoring the continuity of HIV services. This included developing, disseminating, and revising the interim guidance on HIV service continuity during the COVID-19 pandemic to all regional health bureaus, and weekly reporting on the status of service delivery. The guidance incorporates a comprehensive HIV prevention, care treatment programmes, such as innovative HIV testing, pre-exposure prophylaxis (PrEP), tuberculosis preventive treatment, differentiated service delivery models, and viral load testing and early infant diagnosis.

To mitigate the effects of the COVID-19 pandemic on HIV testing and treatment services, around 91% of eligible people living with HIV were enrolled on 3-6 multimonth dispensing (MMD) of ART while 500 000 HIV self-testing kits were procured and distributed through grants from the Global Fund COVID-19 Response Mechanism.

In collaboration with primary healthcare and community-based service providers, the Joint Team facilitated the delivery of HIV services to the refugee population in all refugee camps in the country, which suffered service interruptions due to the COVID-19 pandemic and the civil war in the northern region. For example, in 2020-2021, a total of 36, 338 people in Gambella and Makadida camps received HIV testing and counselling (HTC), and those tested positive were linked to ART services. A total of 2293 people living with HIV in the refugee sites were enrolled on ART in the same period.

In 2020-2021, shortage of HIV test kits supplied by the Ethiopian Pharmaceutical and Supply Agency (EPSA) was frequently reported in all refugee sites. In response, the Joint Team's support included the purchase of HIV test kits via the UN international medical supplies procurement to ensure continuous access to HIV screenings by clients especially for prevention of mother-to-child transmission of HIV (PMTCT).

The Joint Team supported the development of the National Strategic Plan for the Triple Elimination of Mother-to-child Transmission of HIV, Syphilis, and Hepatitis B 2021-2025. In 2020-2021, the Joint Team also provided more than 36 000 pregnant women with access to PMTCT services through HTC services and all women who tested positive for HIV were subsequently linked to ART services.

The Joint Team provided other structural and community level support to curb the impact of the pandemic. COVID-19 prevention and response mechanisms were incorporated in 60 referral pathways to link essential health services with social and behavioural change communication (SBCC) and COVID-19 prevention programmes; personal protective equipment were procured for 85 health facilities, including clinics serving key populations ensuring continuity of services; 600 sex workers were trained to serve as outreach workers and support the COVID-19 prevention campaign in identifying and linking key population with services. The Joint Team further supported monitoring of PMTCT programme performance as part of maternal and child health services through serial surveys in Amhara, Oromia, SNNP and Somali regions during the pandemic and only minimal service interruption was observed in Oromia region due to repurposing of staff.

HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The HIV Directorate at the Ministry of Education was also supported to assess the improvements made as well as limitations of the Ministry's HIV programmes in schools over the years. Findings showed about 77% of the students reported having been educated about HIV, AIDS, STIs and SRH.

The Joint Team continued its advocacy and technical assistance to relevant government institutions to ensure availability of HIV prevention, testing, and treatment services among young people and key populations. Following persistent advocacy, the integration of Education for Health and Wellbeing (EHW) into the national curriculum was initiated, with the introduction of substantial health content such as HIV, sexual and reproductive health (SRH) and gender in carrier subjects, such as biology, language, and civics.

The Joint Team provided support in capacitating and operationalizing 113 youth development platforms to improve access to out-of-school CSE among young people as well as linkage to HIV prevention services. These platforms included youth centres, school clubs, Community Care Coalitions (CCCs), Drop-in Centres (DICs), and other outreach platforms for adolescents living with HIV and association of adolescents with disabilities. Standardized skill-building and behavioural change initiatives were assisted reaching 305 943 young people in total and improving their knowledge and skills to protect themselves from peer influence and promote access and utilization of HIV and SRH services. Technical assistance was also provided for digitization of SRH information improving outreach through mobile applications called *Yenetab*¹ among the general young people and integrated digital platforms called *Minich*² for young people with disabilities. Moreover, a behaviour change communication (BCC) training package was converted into brail to reach more than 1272 young people with visual disabilities in standardized behavioural change messaging.

Furthermore, with assistance from the Joint Team, 1401 service providers (480 male, 921 female) received various trainings on youth-friendly services provision, communication skills, community engagement, coordination, and system-building interventions. This enabled service provision outlets to provide quality, friendly and integrated information and services that address the needs of young people. As a result of these efforts, 57 532 at-risk adolescent and young people (58% female, 42% male) received direct HIV, SRH, violence and harmful practices services in health facilities, DICs, and other public and private facilities linked through referral pathways.

A national study on the impact of COVID-19 on young people living in urban areas was conducted in collaboration with the Ministry of Women, Children and Youth and the Gage Research Institute at the University of Toronto. The research series was carried out among six target groups i.e., domestic workers, workers in industrial parks, street children, young people with disabilities, and sex workers. Among others, findings include the heightened stress of COVID-19 on girls and women, the wider educational inequality due to interrupted education and school dropouts, and the increased risk of child marriage, while noting important differences depending on the location (urban/rural) and the socioeconomic background of the population.

The Ethiopian Federal Prison Administration (FPA) was supported to develop standard operating procedures to scale up integrated HIV combination prevention, treatment, and care services for prisoners, including inmates living with HIV at the time of at the time of entry and during their incarceration period. Technical assistance was also provided to integrate COVID-19 screening and treatment services into HIV services in prison settings. Efforts were also made to raise awareness of prison inmates on availability of opioid agonist therapy (OAT) in and outside of prison settings and encourage the continuity of OAT and ART services among people who are enrolled on one or both services. Personal protective equipment (PPE), hand washing stations, hand sanitizers and other essential commodities were donated to FPA to support COVID-19 prevention efforts in prisons. Technical assistance was provided to develop an information package comprising information on HIV and AIDS for people entering prison, during service of their sentence, before release, and after release to minimise disruption of HIV treatment and care services when they transition from prison back into the society.

¹ *Yenetab*, literally meaning 'my tablet' is developed in five local languages constituting key information on SRH, GBV HIV prevention and life skills. It can be accessed through <https://play.google.com/store/search?q=yenetab&c=apps>

² The platform called *Minich*, literally translates as "source". It has multiple services including, hotline service, interactive voice response, audio recording, link to jobs and reference material. It is established in partnership with Ethio telecom, the telecom service provider of Ethiopia.

HUMAN RIGHTS AND GENDER INEQUALITY

For the first time in Ethiopia, concerted advocacy and technical support resulted in the inclusion of HIV and harm reduction programmes targeting people who inject drugs in the NSP. This paved the way for addressing human rights, gender and age-related barriers and inequities in access to services. The Federal HIV/AIDS Prevention and Control Office was supported in its gender assessment of the national HIV response in Ethiopia aimed at scaling up gender sensitive HIV programmes and reducing HIV-related gender inequality and gender-based violence (GBV). The study made a range of critical recommendations, including the need for gender-responsive programming and budgeting; revision of policies with gender perspective to create a more enabling environment; addressing underlying and structural causes of gender inequality and focus on women with disabilities, including women living with HIV; and assessing the HIV situation and response among women and girls using gender-sensitive and transformative indicators. These recommendations informed the revision of the NSP and subsequent operational plans in the country.

The Joint Team provided training for representatives of the National Network of Positive women Ethiopia (NNPWE) member associations to build their skills of project management and resource mobilization for HIV programmes. They were also supported to strengthen their capacity of advocating for the rights of women living with HIV in accessing basic services, including HIV services without discrimination.

INVESTMENT AND EFFICIENCY

The Joint Team made significant contributions towards mobilizing adequate resources and maximizing programme efficiencies to ensure sustainable health financing for the national HIV response in line with the NSP and Health Sector Transformation Plan II (HSTPII). Technical assistance was provided in estimating cost-effectiveness of HIV programmes which guided the prioritization of interventions in the revised NSP. The cost-effectiveness assessment and resource needs estimation showed that the revised NSP would initially require US\$ 225 million in 2020 and will increase to US\$ 299 million in 2025, with the largest shares needed for ART (46%) and HIV testing (20%).

The Government was supported in its efforts to mobilize more than US\$ 1.4 billion that is needed for the implementation of the NSP. This included the development of a funding proposal for the Global Fund for its 2021-2024 grant period, which ultimately secured US\$ 258 million for the national HIV response. In collaboration with United States Agency for International Development (USAID), a Domestic Resource Mobilization Strategy was developed aiming to raise 30% of the NSP resource needs by 2025. Finally, the Joint Team, working in partnership with PEPFAR, developed Country Operation Plans (COP) through which the US government provided additional funding for the country's HIV response. This was of particular importance as PEPFAR's support to the national HIV response in Ethiopia flatlined during the reporting period to around US\$ 103 900 000 in COP21.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The national HIV response is implemented within the framework of Sustainable Development Goal (SDG) 3 with a vision of ensuring everyone in need of HIV services receives them and no one is left behind. Hence, the Joint Team supported several frameworks and tools including the development of a Domestic Resource Mobilisation Strategy as a financing framework for a sustainable national response to HIV. Technical assistance was also provided for the development of the HSTPII covering the period 2020/21 to 2024/25 to improve the health status of Ethiopians and with particular attention given to accelerating progress towards Universal Health Coverage.

In support of a coordinated policy and programming for HIV, the Joint Team provided technical and financial assistance to the Federal HIV/AIDS Prevention and Control Office to develop a national Sustainability Framework for the national HIV Response. This formed a basis for the development of the revised NSP, which provides a coordinated policy and governance structure in implementation of HIV programmes in the country.

In 2020, the Ethiopian Government was supported to develop a United Nations Sustainable Development Cooperation Framework (UNSDCF) for the period 2020-2025. The Joint Team also provided technical assistance to monitor progress in the implementation of the UNSDCF, particularly towards the monitoring of outcomes within the Joint Team's mandates.

During the reporting period, the Joint Team also promoted innovations and education initiatives among vulnerable and key populations, in particular innovative HTC approaches that ensured improved case-finding including index case testing, HIV self-testing for key population, assisted partner notification, and social networking services.

CHALLENGES AND LESSONS LEARNED

Continued instability in some parts of the country interrupted HIV service delivery, including ART services. Lack of communication in the Tigray region since June 2021, has also made it difficult to monitor the status of HIV services in the region. Exacerbated by the COVID-19 pandemic, ART services were disrupted in more than 200 health facilities in conflict-affected regions throughout the country due to reasons, including the destruction of health facilities. Timeliness and completeness of data reporting have also been adversely affected. Aiming to address this challenge, the Ministry of Health was supported to establish an emergency taskforce, develop an emergency response plan and standard operating procedures to restore HIV services in affected areas. Additionally, the Joint Team conducted a baseline assessment of the service disruptions and followed up on the implantation of the emergency plan. This support yielded commendable results—currently >90% of the ART cohort is maintained in conflict-affected areas of the Afar and Amhara regions.

Movement of refugees to different locations without formal transfer-out from ART sites coupled with the impact of COVID-19-related restrictions resulted in a high ART lost to follow up rate among this population. Consequently, the ART site in Kule camp was closed leaving many people who were on ART with no services. Other challenges in supporting the refugee population included acute shortage of trained health staff, especially midwives, and stockout of post-exposure prophylaxis (PEP).

There is strong and increased opposition to CSE in Ethiopia, hence, the Joint Team continued working alongside the EHW Technical Working Group to respond to the opposition and advocate for EHW which incorporates life skills-based HIV, SRH and gender education for pupils.

In 2020-2021, external funding for HIV programmes continued to decline while domestic resources remained low. Although the Government developed a Domestic Resource Mobilization Strategy to address the funding challenges, it is yet to be operationalized. The Joint Team supported the development of a draft law that will create a legal and policy framework for the implementation of the strategy. More needs to be done to accelerate the adoption of this bill.

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