

ETHIOPIA

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2021, the estimated number of new HIV infection is halved using the 2016 data as a baseline.	ON TRACK	An estimated 12 000 new HIV infections occurred in 2020, a 25% decline from 2016 (Spectrum, 2021).
Increase HIV testing coverage among pregnant women to ≥95%; increase prevention of mother-to-child transmission of HIV (PMTCT) coverage for pregnant women living with HIV to ≥95%; increase pre-exposure prophylaxis (PrEP) among HIV exposed infants to ≥95%.	ON TRACK	HIV testing coverage among pregnant women enrolled on antenatal care was 63% and syphilis screening coverage was 65% by July 2020 (Ministry of Health, DHIS2). PMTCT services coverage increased to 92% in 2020 and Dolutegravir was included as the preferred first line treatment in the national PMTCT programme (Spectrum, 2021).
By 2021, 90% of people living with HIV know their HIV status; 90% of all adults and children aged 0-14 years living with HIV who know their HIV status received antiretroviral therapy (ART); 90% of all people living with HIV who are on ART are virally suppressed.	ON TRACK	By 2020, an estimated 83% of adults living with HIV who knew their HIV status in Ethiopia, and 94% of them were on treatment; 93% of those on treatment were virally suppressed (GAM, 2021). Progress towards ART coverage among children remains slow, about 40% of children aged 0-14 years living with HIV knew their status, of whom 100% were on treatment, and 79% of those on treatment were virally suppressed. By end of 2020, 465 457 adults and 17 670 children living with HIV were receiving ART (Spectrum, 2021).

<p>By 2021, HIV infection due to gender inequalities identified and gender transformative plan developed; stigma and discrimination level faced by people living with HIV assessed and recommendations set and addressed.</p>	<p>ON TRACK</p>	<p>In March 2020, an estimated 24.2% of people living with HIV reported facing stigma and discrimination in the last 12 months. Fear of disclosing an HIV status has reduced, 31% among people living with HIV for 10-14 years have not disclosed their status compared to 20% non-disclosure among people who lived with HIV for 1-3 years. About 84% of people living with HIV have voluntarily disclosed their HIV status to someone from their social groups (Stigma Index Survey, 2021).</p>
<p>By 2020 the HIV/AIDS National Strategic Plan for Ethiopia (NSP) 2021-2025 is revised in line with the Epidemic Control and Sustainability Roadmap; the National HIV Investment Case is updated; and by 2021 domestic resources for the HIV response is increased by at least 20%.</p>	<p>ACHIEVED</p>	<p>The NSP 2021-2025 was revised and aligned with the national Epidemic Control and Sustainability Roadmap to end the AIDS epidemic by 2025; the national HIV investment case was updated with NSP 2021-2025 targets as well as resource needs for achieving epidemic control; the Domestic Resource Mobilization and Sustainability Strategy 2020-2025 was developed and finalization of the legal framework for implementation is underway.</p>

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

Ethiopia is making significant efforts to reduce new HIV infections and AIDS-related deaths to end the HIV epidemic within the next five years. Building on current results, the Joint Team provided extensive technical and financial support to the Federal Government to develop a revised National HIV/AIDS Strategic Plan to scale up effective and efficient HIV prevention, care, and treatment programmes in the country. Several drop-in centres were set up around HIV hotspots to expand HIV services among hard-to-reach, priority, and key populations. The Joint Team, through the technical working group continued to provide technical assistance for the integrated and one-stop PMTCT services in 2865 health facilities across Ethiopia. Extensive advocacy resulted in Government's commitment to establish tailored HIV services for people who inject drugs, men who have sex with men, and prison inmates.

HIV PREVENTION

POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

Combination HIV prevention programmes, with particular focus on adolescent and young people and key and priority populations were implemented in all regions in Ethiopia. These included community dialogue, public meetings, mass media spot message and behaviour change communication dissemination, condom distribution, HIV and sexually transmitted infection testing, PrEP, and voluntary medical male circumcision. The Joint Team supported combination initiatives in six regions and the Addis Ababa City reaching 50 000 at risk adolescent and young

people (57% female) with tailored HIV prevention services through adolescent and youth development platforms (youth centres, sport and art clubs, schools, community care centres, drop-in centres, and associations of adolescents living with HIV and adolescents living with disabilities). Capacity building and social and behavioural change communication initiatives improved their understanding of HIV prevention, violence and harmful practice prevention, and sexual and reproductive health (SRH).

With support from the Joint Team and development partners, 27 drop-in centres were established in 2020 around HIV hotspots to extend services among hard-to-reach, priority, and key populations. Currently, 30 drop-in centres in Addis Ababa City and Amhara region provide comprehensive HIV prevention and treatment, SRH, and services to female sex workers on site or through a referral. These include, family planning, gender-based violence, and harm reduction counselling for substance abuse.

PMTCT COVERAGE

POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS

Through guidance and monitoring, the Joint Team strongly supported the implementation of the PMTCT strategy in the country, as well as the development of a costed National Strategic Plan for Triple Elimination of Mother-to-Child Transmission of HIV, Syphilis, and Hepatitis B Virus (2021-2025). Other activities included the generation of HIV estimates data on PMTCT to guide monitoring progress towards the implementation of the National PMTCT Strategy.

HIV testing service coverage among pregnant women declined due to rapid testing kit stockout during the COVID-19 pandemic. Between July 2019 and June 2020, the Joint Team procured 970 080 rapid test kits to address the challenge and ensure continuity of HIV testing services for pregnant women across the country.

90-90-90

UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

In collaboration with partners such as the US President's Emergency Plan for AIDS Relief (PEPFAR), the Joint Team provided technical support and advocated for the roll-out of several strategies that have led to improvements of ART services for adults living with HIV—treatment coverage increased from 34% in 2010 to 78% in 2020 (Spectrum, 2021). These initiatives include, case finding, index testing and partner notification, assisted HIV self-testing, social network services, provider-initiated testing and counselling using an HIV risk screening tool (for children, adolescents, and adults) and voluntary HIV testing and counselling services which were implemented in health facilities and community sites. In May 2020, Ethiopia endorsed the unassisted HIV self-testing programme and implementation is underway.

Treatment coverage among children ages 0-14 years living with HIV remains low. The Joint Team provided technical support for the development of a comprehensive paediatric HIV service improvement plan and implementation started in all regions since 2018. Support was also provided for the development of a broad HIV risk assessment tool for health workers, disseminated for implementation in all HIV testing sites to guide HIV testing among priority and key populations.

GENDER EQUALITY, STIGMA, AND DISCRIMINATION

UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

In the framework of leaving no one behind, the Joint Team advocated intensely for the expansion of HIV services among key populations. As a result, tailored programmes have been included in the revised NSP 2021-2025. The Global Fund grant proposal also included comprehensive HIV programmes to scale up HIV prevention commodities and treatment services for people in prison.

Lack of access to integrated HIV services for men who have sex with men remains a concern in Ethiopia. Increased advocacy by the Joint Team led the implementation of initiatives supported by the Government and the Global Fund, such as: formative research to characterize groups of men at high-risk, assess by gender, sex, age, and geographic location; identify gender and rights related barriers, such as discrimination, harmful gender norms, and gender-based violence; scale-up targeted HIV combination prevention, testing, PrEP, treatment, and condom and lubricant distribution programmes; and active engagement of civil society organizations to support the design, implementation, and monitoring of these programmes.

Gender assessment of the national HIV response was completed and findings from assessment informed the NSP 2021-2025 and the Global Fund grant proposal for 2021-2024. The Stigma Index 2.0 survey was completed, and results will support the implementation of the NSP 2021-2025 and other human rights advocacy efforts of people living with HIV. Additionally, technical support and capacity building were provided to the National Network of Positive Women Ethiopians, strengthening their advocacy initiatives to claim for their rights.

PROGRAMMING AND SUSTAINABILITY

UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

Ethiopia is accelerating progress to reduce new HIV infections and AIDS-related mortality to less than 1 per 10 000 population and attain HIV epidemic control by 2025. In this view, the Joint Team provided technical and financial support to the Federal HIV/AIDS Prevention and Control Office (FHAPCO) to develop the revised NSP 2021-2025. The HIV Response Sustainability Framework which was developed with technical support from the Joint Team and other partners informed the NSP. The revised plan addresses key factors exacerbating the epidemic in the country, including service barriers due to gender, age and sexual orientation, lack of geographic and intervention prioritization, unmet basic human rights, insufficient investments, limited strategic information, and lack of technical capacity.

The Joint Team also supported the development of the Global Fund grant proposal for the 2021-2024 period, successfully mobilizing US\$ 258 315 505, and raised additional funding for hiring consultants and experts to improve the quality and implementation of various programmes in the NSP.

CONTRIBUTION TO THE COVID-19 RESPONSE

The Global Fund COVID-19 Response Mechanism grant application has been approved and programme implementation is underway. The Joint Team will continue supporting the Government to ensure efficient and timely investment of the COVID-19 grant.

A national COVID-19 guideline, programme implementation tools, social and behaviour change communication materials, business continuity plan, and workplace infection prevention interventions were developed and implemented to ensure the continuity of HIV and other essential services in Ethiopia during the COVID-19 pandemic. A COVID-19 guideline comprising specific HIV prevention, care, and treatment programmes, including PrEP, viral load testing and early infant identification was developed and implemented across the region—its progress is monitored via weekly reporting mechanism.

Over 23 000 health and community workers were trained on COVID-19 prevention and healthcare delivery. Similarly, in partnership with the Ethiopian Red Cross Society, 2000 volunteers were trained on COVID-19 risk reduction and deployed to mobilize communities. Personal protective equipment (PPE), essential medicines, and commodities worth US\$ 3 250 000 were provided to 27 health centres, four health posts in refugee camps, and three referral hospitals located in Gambella, Assosa, and Dollo Ado cities. Additionally, technical support was provided for COVID-19 case identification and referral, contact tracing, and community engagements to minimise HIV service interruption for vulnerable populations.

26 national outreach campaigns in urban and rural areas were supported to distribute nutrition for women living with HIV to boost treatment adherence, raise awareness around infection risks, and engage communities to ensure continuities of HIV service during the pandemic. Besides, the Ethiopian Network of Women Shelters, with support from the Joint Team, opened transitional shelters in Addis Ababa, Adama and Hawassa cities to provide accommodation, rehabilitation, counselling, and legal services.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team provided technical support in the development of the United Nations Sustainable Development Cooperation Framework 2020-2025, which included the roll out of the UN Common Country Analysis (CCA) focusing on eight thematic areas. During the CCA process, technical assistance, including data verification and quality assurance was provided in three areas that have direct and indirect bearing on health services and HIV—conflict analysis, leaving no one behind, and gender inequality.

An assessment on progress towards reaching the Sustainable Development Goals (SDGs) was supported to identify gaps in the acceleration of the efforts, the available capacities, and the overall country environment to address these gaps. Addressing the challenges in the implementation of Universal Health Coverage in Ethiopia was recognized as one of the critical gaps in SDGs acceleration. In this view, Joint Team provided technical support to develop the Health Sector Transformation Plan II for 2020/21-2024/25 which prioritizes rapid move towards Universal Health Coverage and improve the health outcomes of people in Ethiopia. The transformation plan also prioritizes ensuring quality of services, data collection and information use, health workforce, governance and leadership, and sustainable health financing.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
Domestic funding for the national HIV response is stagnant.	Support the implementation of the Domestic Resource Mobilization and Sustainability Strategy 2020-2025 to raise sustainable domestic funding for HIV.
Poor quality of data—inconsistency, delay, and incompleteness— poses challenges in the programme planning and implementation of the HIV response.	Mobilize resources to build capacity to ensure the quality of data collection at facility and regional levels; and update the District Health Information Software 2 (DHIS2).
Treatment policies should be updated to scale-up PrEP beyond the current target population—female sex workers and serodiscordant couples—to reach other key and vulnerable populations.	Continue to support the assessment of the current service delivery model for key populations and provide technical assistance in the development of a robust model that address the needs of all key populations.
<p>At 14.7%, mother-to-child transmission of HIV rate remains high in Ethiopia (Spectrum, 2020). There is an extremely low rate of HIV and syphilis testing among pregnant women.</p> <p>Early infant diagnosis coverage is low due to multiple challenges, including shortage or stockout of testing kits, weak data collection and sample referral system, and interruption of service.</p>	<p>Support the development and implementation of a simultaneous triple point-of-care testing for HIV, syphilis, and hepatitis B to improve progress towards elimination of mother-to-child transmission (eMTCT).</p> <p>Provide support to the implementation of the National eMTCT Plan 2021-2025, particularly in increasing uptake of testing, prophylaxis, and treatment services for infants exposed to HIV, syphilis, and/or hepatitis B; and enhancing community mobilization for increased use of antenatal and neonatal care services among pregnant and lactating women.</p>
Although Ethiopia is on track to achieve the 90-90-90 treatment targets, there is a need to address large variation of ART coverage across the regions. Weak linkage to HIV treatment, poor referral and feedback systems, gap on ART optimization among children, lack of nutritional support for people living with HIV, and lost to follow-up particularly among adolescents and young people represent some of the main challenges in the national HIV response.	<p>Continue technical support to strengthen HIV services, including implementation of innovative targeted HIV testing services and procurement of HIV self-testing kits to achieve the 90-90-90 targets.</p> <p>Support civil society organizations to implement community-led monitoring of facility- and community-based HIV services, strengthen peer support, improve case management and support to people living with HIV to adhere to treatment.</p> <p>Provide technical and financial support to develop and disseminate media messaging promoting treatment service and adherence in care. Advocate for implementation of virtual counselling services to ensure people living with HIV who are on ARV multi-month dispensing programme adhere to treatment.</p>
Sexual orientation and gender identity are the most controversial issues in the social and political arena in Ethiopia. This remains a critical barrier in the provision of HIV prevention and treatment services to key population at higher risk of HIV infection.	Advocate for change of policy and legal framework to scale up HIV services among key populations.

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