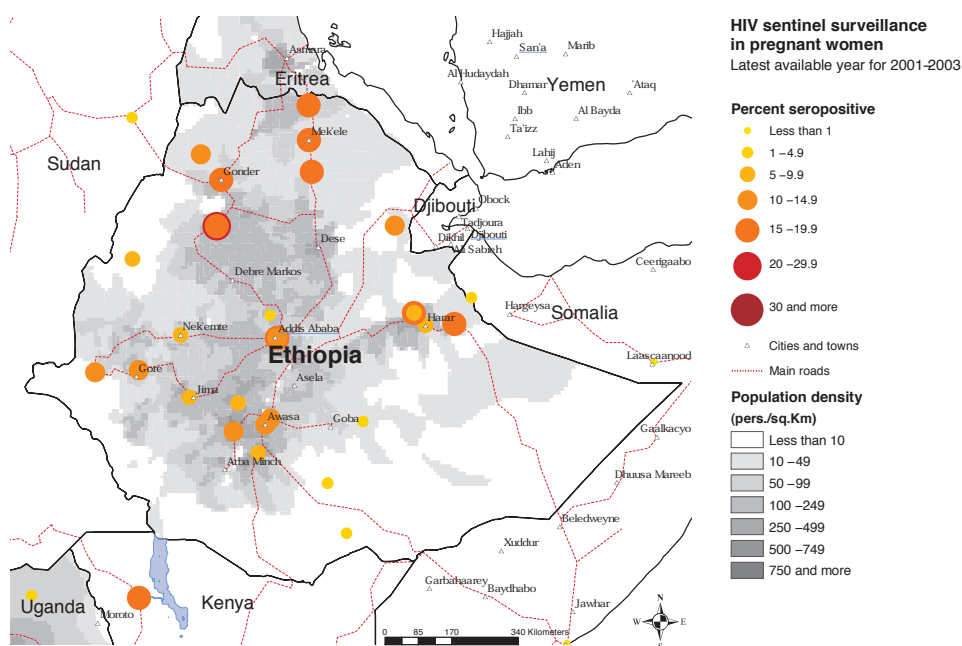


WHO estimate of number of people requiring treatment – end 2005: 200 000  
 Antiretroviral therapy target declared by country: 93 000 by 2005



## 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	WHO
Gross domestic product per capita (US\$)	2001	93	IMF
Government budget spent on health care (%)	2001	4.9	WHO
Per capita expenditure on health (US\$)	2001	3	WHO
Human Development Index	2001	0.359	UNDP

## 3. Situation analysis

- Epidemic level and trend and gender data.** In 2003, Ethiopia had an estimated 950 000 - 2.3 million people living with HIV/AIDS. 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 compared to rural. Morbidity and mortality associated with HIV/AIDS strongly impact the health sector and are among the major impediments to delivering quality care to its full capacity. The bed occupancy rate from AIDS may well exceed 40% of total beds.
- Major vulnerable and affected groups.** HIV transmission occurs mainly through heterosexual contact, with the highest prevalence being among people 15–24 years (12%).
- Policy on HIV testing and treatment.** The current model for delivering antiretroviral therapy is physician-led and hospital-based, whereas health centres can provide antiretroviral drugs for preventing mother-to-child transmission only. Antiretroviral drugs are distributed by licensed pharmacists at authorized outlets. The service is provided only for those who can afford to pay for the drugs and laboratory costs. The Council of Ministers approved a national policy for supply and use of antiretroviral drugs in July 2002. The policy provides a tax exemption for antiretroviral drugs and related supplies and defines the modalities of delivering antiretroviral therapy. Clinical guidelines on the use of antiretroviral drugs were developed in February 2003.
- Antiretroviral therapy: first-line drug regimen, cost per person per year.** Several antiretroviral drugs of different classes have been identified and included in the

## 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
Cumulative number of reported AIDS cases	2001	100 353	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	4 500	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	200 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
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

List of Drugs in Ethiopia. However, to date only the following products are available for distribution: zidovudine, lamivudine, stavudine, efavirenz, nevirapine, nelfinavir and a fixed combination of zidovudine + lamivudine (Lamuzid® or Combivir®). The average cost of the WHO-recommended first-line regimen is US\$ 360 per person per year.

- Assessment of overall health sector response and capacity.** Ethiopia has 119 hospitals and 412 health centres. Although they have inadequate resources, they represent a consistent infrastructure with potential to provide antiretroviral therapy services to a large proportion of people in need of treatment.
- Critical issues and major challenges.** HIV/AIDS is one of the major challenges for overall national development. It is linked to a seven-year loss in life expectancy, an estimated 1.2 million orphans and a loss of productivity and income at the workplace with severe effects at the household and community levels. There is a substantial shortage of health workers of all types to serve the health 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 currently 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. Surveillance and monitoring and evaluation systems need to be strengthened.

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

- WHO estimates that the total funding 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 is between US\$ 223 million and US\$ 263 million.
- Ethiopia submitted a successful Round 2 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria, 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 million was approved for 2004–2005. Of this amount, it is estimated that about US\$ 11.3 million may be available to support scaling up antiretroviral therapy in 2004–2005. Ethiopia has also submitted a Round 4 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- An estimated US\$ 81.5 million may become available from the United States President's Emergency Plan for AIDS Relief to support scaling up antiretroviral therapy during 2004–2005.
- Other bilateral partners are estimated to have committed about US\$ 15 million for scaling up antiretroviral therapy during 2004–2005.
- A World Bank loan of US\$ 59 million for the Ethiopian Multi-sectoral AIDS Project 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 CD4 cell counting.
- Taking into account funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Ethiopia to reach 100 000 people by the end of 2005 is between US\$ 111 million and US\$ 151 million.

#### 5. Antiretroviral therapy coverage

- Ethiopia's total treatment need for 2005 is estimated to be 200 000 people, and the WHO “3 by 5” treatment target is 100 000 people by the end of 2005 (based on 50% of need). The government has declared a national treatment target of 93 000 people by the end of 2005. To date, an estimated 4500 people have access to antiretroviral therapy, mostly through 14 hospitals in seven regions.
- Armed Forces hospitals and a site supported by Médecins Sans Frontières provide some treatment to military personnel and their spouses. Médecins Sans Frontières is willing 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.
- Ethiopia is among the countries receiving assistance from the United States President's Emergency Plan for AIDS Relief, which has indicated a target of 210 000 people receiving antiretroviral therapy by 2008.

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

- *Leadership and management.* The HIV/AIDS Prevention and Control Office, chaired by the Ministry of Health, is officially designated as the national coordinating authority for AIDS. It is supported by the United States Centers for Disease Control and Prevention and the Drug Administration and Control Authority.
- *Antiretroviral therapy service delivery.* The Ministry of Health coordinates activities related to delivering antiretroviral therapy services. The Pharmaceuticals and Supplies Service supports procurement of drugs. The Global Fund to Fight AIDS, Tuberculosis and Malaria is supporting the HIV/AIDS Prevention and Control Office and the Ministry of Health in strengthening disbursement systems. WHO provides support in developing antiretroviral therapy guidelines and capacity-building. The United States Centers for Disease Control and Prevention has a cooperative agreement with the WHO Regional Office for Africa to support the implementation of an essential package for HIV/AIDS prevention and care, including the secondment of staff to Ethiopia.
- *Community mobilization.* The private sector, nongovernmental organizations and faith-based organizations have expressed great interest in participating in scaling up antiretroviral therapy in Ethiopia. International nongovernmental organizations such as Médecins Sans Frontières provide antiretroviral therapy.
- *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 United States Centers for Disease Control and Prevention supports 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
- Assisting in developing the Country Coordinating Mechanism Round 4 proposal submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria addressing specific antiretroviral therapy needs
- Assessing the human resource situation for scaling up antiretroviral therapy
- Reviewing the model for delivering antiretroviral therapy and assessing its potential for rapid scale-up (involving intermediate- and lower-level health workers)
- Reviewing the national policies, guidelines and strategies on antiretroviral therapy
- Adapting the WHO Integrated Management of Adult and Adolescent Illness guidelines for chronic HIV disease care, including training national facilitators
- 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

Key areas for WHO support in the future

- Establishing a “3 by 5” country team to support the government and all partners in scaling up antiretroviral therapy
- Assisting in overall coordination of the antiretroviral therapy programme and harmonizing it with various partner initiatives
- Supporting the development of a national operational plan for scaling up antiretroviral therapy
- Developing a human resource strategy and national plan for developing capacity for scaling up antiretroviral therapy
- Supporting the roll-out of training of health service providers

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 National Programme Officer for general HIV activities and another to coordinate activities funded by the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS. Recruitment of an international “3 by 5” Country Officer is currently underway.
- 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.

#### For further information, please contact:

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This country profile was developed in collaboration with national authorities, the WHO Country Office for Ethiopia and the WHO Regional Office for Africa.