

## Global AIDS Technical Assistance Program—Country Profile Ethiopia

### HIV/AIDS in Ethiopia

**E**thiopia is an ancient, multiethnic nation with a rich history and culture. The oldest independent country in Africa, and one of the oldest in the world, Ethiopia has over 2,000 years of recorded history. Its population of 61 million is a mosaic of people from over 80 nationalities speaking as many languages and over 200 dialects.

Ethiopia is also one of the poorest nations in the world. GDP per capita is only \$120 per year. Ethiopia's economy is based primarily on agriculture; 87 percent of the population is rural, and agriculture accounts for 90 percent of exports and 80 percent of total employment. Literacy is around 36 percent. Health service coverage is only 46 percent, and utilization of health services is even lower: only about 10 percent for the rural population and 14 percent for the urban population. Health service infrastructure is poorly maintained, with only one doctor for every 40,000-50,000 people. The distribution of medical personnel is heavily biased in favor of urban centers. Health spending per capita is estimated at \$1.20 annually, one of the lowest rates in the world. Life expectancy is 41 years, and projected to decline to 39 by 2010 because of AIDS.

An estimated 2.6 million adults were living with HIV in 2000, according to Ethiopia's Ministry of Health. Ethiopia has the third largest population of HIV-infected persons living in Africa, representing 9 percent of the world's HIV/AIDS cases. National adult HIV prevalence is estimated at 6.6 percent, but prevalence among women aged 15 to 24 attending antenatal clinics was 12.1 percent in 2001. The most predominant mode of transmission is heterosexual contact, accounting for 88 percent of the reported cases.

In the spring of 2000, Ethiopia's Prime Minister created the multisectoral National AIDS Council, comprised of government officials, heads of associations and institutions, prominent individuals, and other leaders. Multisectoral Regional AIDS Councils were also created in each of the nine National Regional States and two administrative councils of the country. Each of these AIDS Councils is supported by a Secretariat, which is responsible for coordinating and facilitating the day-to-day implementation of the National HIV/AIDS Program. In the summer of 2002, these Secretariats were established as legal entities, and are now known as the HIV/AIDS Prevention and Control Organization (HAPCO).

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In January 2001, the Centers for Disease Control and Prevention (CDC) requested that NASTAD assist the CDC field office in Ethiopia in supporting the Ministry of Health (MOH) and the National AIDS Council Secretariat (National HAPCO) in three areas: 1) multisector planning and implementation, 2) policy and structural guidance for Ethiopia's newly forming Secretariat, and 3) assistance in coordinating and supporting the recent decentralization of the National AIDS Control Program.



## NASTAD's Role

The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the United States' chief state and territorial health department program directors responsible for coordinating, administering, and managing HIV prevention, care, and support services. In particular, AIDS directors are experienced in creating functional policy, communication, and programmatic links between local, state, and national-level AIDS and other state public health programs. NASTAD's Global AIDS Technical Assistance Program works to share lessons learned by NASTAD members with AIDS program managers facing similar challenges in CDC-Global AIDS Program (GAP) countries.

## Activities

NASTAD has been working in Ethiopia since June 2001 to support CDC in implementing its Country Assistance Plan, specifically in the area of community mobilization. During this time, NASTAD used a training-of-trainers technical assistance (TA) model to work with the national HAPCO and some regional HAPCOs in building their capacity to provide HIV community planning. HIV community planning involves individuals most affected by HIV/AIDS at the grassroots level in developing comprehensive plans that guide distribution of available resources to highest-priority target populations. HIV community planning strengthens community capacity to develop and manage AIDS programs by promoting buy-in and participation of community members in HIV prevention and control activities, and by facilitating the documentation of a community consensus that can form the basis for AIDS program policy and guidance.

The training-of-trainers TA model involves three steps: 1) working with partners to design training, 2) developing a training manual, and 3) using the training manual to train trainers. Initially, NASTAD worked with the Addis Ababa HAPCO to deliver training to woreda (local government) HIV/AIDS facilitators in the area of HIV community planning. This training was then documented in a training manual. Later, the training was expanded to woreda facilitators in the Southern Nations, Nationalities, and Peoples' Region (SNNPR). Finally, training of trainers was provided to the national HAPCO to help it establish a corps of national HIV community planning trainers with the goal of institutionalizing HIV community planning in HAPCO. National HAPCO is currently providing training in community planning to woreda facilitators in all regions of the country.

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Evaluation of NASTAD's work shows that woreda facilitators, Addis Ababa HAPCO, and national HAPCO staff have supported the methodology and use of the community planning model for plan development. In interviews, each discussed the importance of "empowering" the community, and most have noticed a "change in the community." As one facilitator said in his interview, "The principles and steps are very important. Previously, higher officials in the community created the action plan. The community knows what their problems are and how to respond."

Using the structures that are currently in place, the community planning process has helped to shape and refine the current planning system at the local level according to the following woreda facilitator comments:

- ◆ "We reorganized our kebele (district) AIDS Committee to represent the right mix of people."
- ◆ "I noticed increased parity and participation in the kebele meetings."
- ◆ "A subcommittee was developed and is now responsible for data collection activities."
- ◆ "Woredas and kebeles are able to come up with their own priorities with community planning."

## Next Steps

NASTAD will continue to support HAPCO's HIV community planning initiative by developing training in program and financial management. Building capacity in program and financial management is consistent with HIV community planning, since it is crucial that comprehensive plans developed by the community be used to help inform funders' strategic planning activities, proposal review and selection processes, management of multiple funding streams, and monitoring and evaluation activities. Training will be delivered initially to CDC cooperative agreement partners, with a view to expanding to HAPCO in the future.

### Contact Information

#### **Natasha Sakolsky**

Director, NASTAD Global AIDS Technical Assistance Program

[www.nastad.org](http://www.nastad.org)

(202) 434-8090

[nsakolsky@nastad.org](mailto:nsakolsky@nastad.org)

#### **Lucy Slater**

Planner Principal, AIDS/STD Prevention Services

Minnesota Department of Health

(612) 676-5662

[lucy.slater@health.state.mn.us](mailto:lucy.slater@health.state.mn.us)