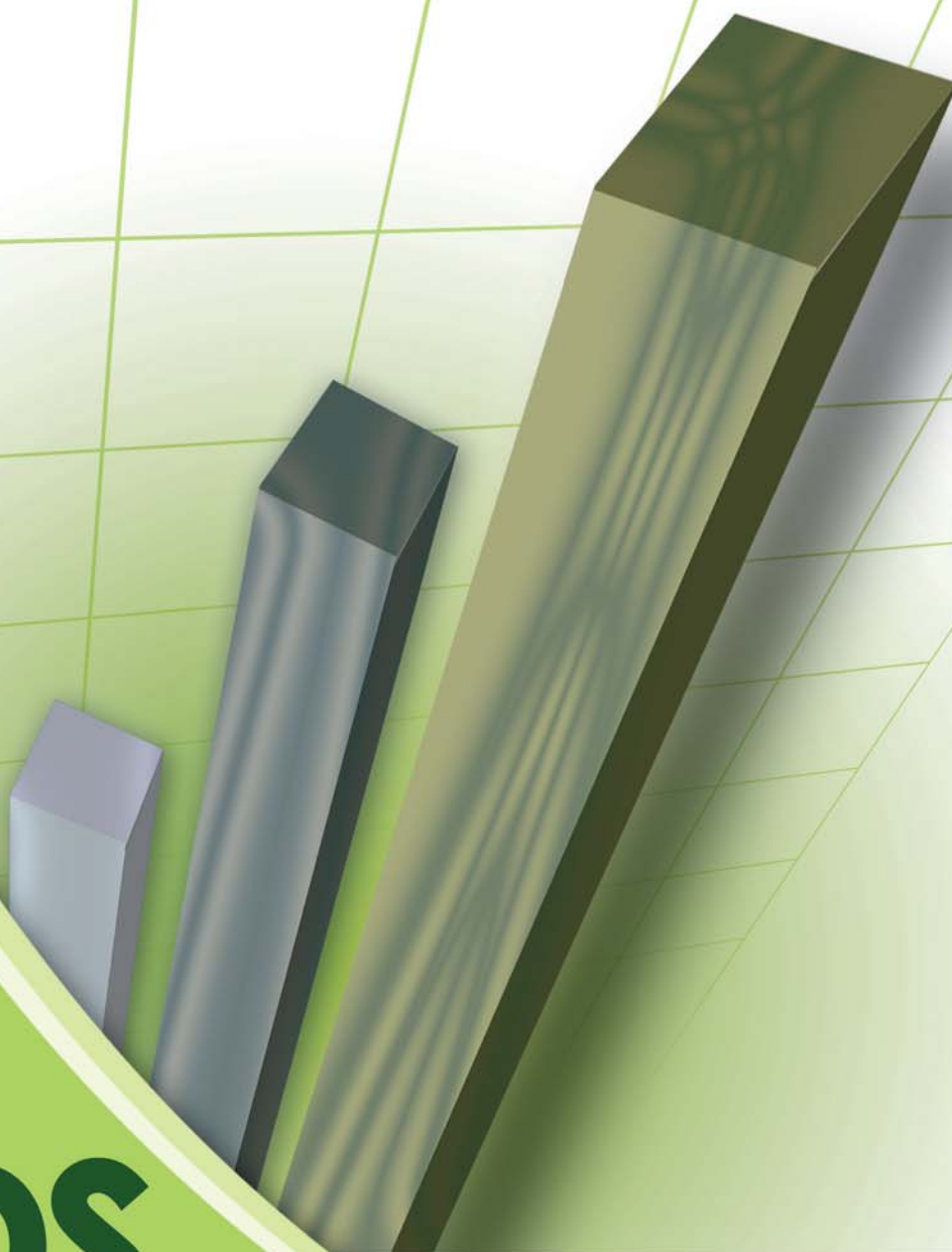


TECHNICAL DOCUMENT

F O R T H E F I F T H R E P O R T



AIDS

contents

List of Figures	I
List of Tables	IV
Acronyms	VI
Major HIV Indicators, 2003 - 2008	VII
Foreword	VIII
1. Introduction	01
2. Methods	05
3. National HIV/AIDS Estimates	09
A. HIV Prevalence Estimates	09
B. HIV/AIDS Estimates	18
C. Impact of AIDS	35
D. Impact of ART	38
4. Regional HIV/AIDS Estimates	43
A. Tigray	43
B. Afar	50
C. Amhara	57
D. Oromiya	64
E. Somali	71
F. Benishangul Gumuz	78
G. SNNPR	85
H. Gambella	92
I. Harari	99
J. Addis Ababa	106
K. Dire Dawa	109
5. 2003 ANC Surveillance Results	119
A. HIV	119
B. Syphilis	125
C. 2003 ANC Surveillance Site Graphs	131
6. Non- ANC Based Surveillance Findings	151
7. Annex	159
- Estimation and Projection Methods	159
- Default Values and Assumptions Used in Spectrum	172
- Terms and Definitions	173
- ANC Surveillance Reporting Form	175
- References	177

List of Figures

PAGE

	SECTION 3	NATIONAL HIV/AIDS ESTIMATES
	SECTION 3A	HIV PREVALENCE ESTIMATES
11	Figure 3A.1	Estimated and Projected HIV Prevalence By Year Adult Population 15-49, Urban, Rural, and Total Ethiopia, 1982-2008
12	Figure 3A.2	Estimated and Projected Adult HIV Prevalence, Ethiopia and Regions, 1982-2008
13	Figure 3A.3	Estimated and Projected Adult HIV Prevalence, Adult Population 15-49, Urban Ethiopia and Regions, 1982-2008
14	Figure 3A.4	Estimated and Projected Adult HIV Prevalence,Adult Population 15-49, Rural Ethiopia and Regions, 1982-2008
15	Figure 3A.5	Estimated and Projected HIV Prevalence 1982 - 2008, Adult Population 15-49, Urban Ethiopia
16	Figure 3A.6	Estimated and Projected HIV Prevalence 1982 - 2008, Adult Population 15-49, Rural Ethiopia
17	Figure 3A.7	Estimated HIV Prevalence by Region and Setting, 2003
	SECTION 3B	HIV/AIDS ESTIMATES
21	Figure 3B.1	Estimated and Projected HIV Prevalence By Year Adult Population 15-49, Urban, Rural, and Total Ethiopia
21	Figure 3B.2	Estimated and Projected Number of New HIV Infections, New AIDS Cases, and Annual AIDS Deaths By Year, All Ages, Ethiopia
24	Figure 3B.3	Projected Annual No. of Patients Newly Needing ART, by Sex and Age Group, 2003-08, Urban Ethiopia
24	Figure 3B.4	Estimated and Projected Number of New HIV Infections, New AIDS Cases, Annual AIDS Deaths By Year, All Ages, Urban Ethiopia
27	Figure 3B.5	Projected Annual No. of Patients Newly Needing ART, by Sex and Age Group, 2004-08, Rural Ethiopia
27	Figure 3B.6	Estimated and Projected Number of New HIV Infections, New AIDS Cases, Annual AIDS Deaths By Year, All Ages, Rural Ethiopia
30	Figure 3B.7	Estimated No. New HIV Infections by Year, Ethiopia,1982-2008
30	Figure 3B.8	Estimated HIV Incidence by Year, Ethiopia, 1982-2008
31	Figure 3B.9	Projected Annual No. of Patients Newly Needing ART, by Sex and Age Group,Ethiopia, 2003-08
31	Figure 3B.10	Estimated HIV Population Size by Sex and Age, Ethiopia, 2003
32	Figure 3B.11	Estimated and Projected Annual Number of PLWHA, HIV-pos Pregnancies, and Patients Requiring ART, All Ages, Ethiopia, 1982-2008
32	Figure 3B.12	Total Estimated and Projected HIV+ Population, Ethiopia,1982-2008
33	Figure 3B.13	Annual Estimated and Projected New AIDS cases, Ethiopia, 1982-2008
33	Figure 3B.14	Estimated and Projected Number of AIDS deaths, Ethiopia,1982-2008
34	Figure 3B.15	Estimated Cumulative AIDS Deaths, Ethiopia, All Ages, 1982-2008
34	Figure 3B.16	Estimated and Projected Number of AIDS Orphans, Ethiopia,1982-2008
	SECTION 3C	IMPACT OF AIDS
35	Figure 3C.1	Estimated and Projected TB Cases due to HIV/AIDS, Ethiopia,1982-2008
35	Figure 3C.2	Actual Total Population Size and Population Lost to HIV/AIDS, Ethiopia,2000-2008
36	Figure 3C.3	AIDS Deaths of Children Under Five Years of Age, Ethiopia,1982-2008

PAGE	
36	Figure 3C.4 Estimated and Projected Number of Young Adult(15-49) Annual Deaths, with and without AIDS, and Proportion of Deaths Due to AIDS, Ethiopia, 1982-2008
37	Figure 3C.5 Estimated and Projected Life Expectancy at Birth, Ethiopia, 2000-2008
	SECTION 3D Impact of ART
38	Figure 3D.1 Potential Effect of Antiretroviral Treatment (ART) on Adult HIV Prevalence, Ethiopia, 2000-2008
38	Figure 3D.2 Potential Impact of Anti-retroviral Treatment (ART) on AIDS Deaths, by Varying Levels of ART, Ethiopia, 2000-2008
39	Figure 3D.3 Potential Effect of Antiretroviral Treatment (ART) on the Number of AIDS Orphans, by Varying Levels of ART, Ethiopia, 2000-2008
	SECTION 4 REGIONAL HIV/AIDS ESTIMATES
45	Figure 4A.1-4K.1 Estimated and Projected HIV Prevalence By Year Adult Population 15-49, Urban, Rural, and Total Region
45	Figure 4A.2-4K.2 Estimated and Projected Number of New HIV Infections, New AIDS Cases, and Annual AIDS Deaths By year, All Ages, Total Region
47	Figure 4A.3-4K.3 Projected Annual No. of Patients Newly Needing ART, by Sex and Age Group, 2004-08, Urban Region
47	Figure 4A.4-4K.4 Estimated and Projected Number of New HIV Infections, New AIDS Cases, and Annual AIDS Deaths By year, All Ages, Urban Region
49	Figure 4A.5-4K.5 Projected Annual No. of Patients Newly Needing ART, by Sex and Age Group, 2004-08, Rural Region
49	Figure 4A.6-4K.6 Estimated and Projected Number of New HIV Infections, New AIDS Cases, and Annual AIDS Deaths By year, All Ages, Rural Region
43	SECTION 4A TIGRAY
50	SECTION 4B AFAR
57	SECTION 4C AMHARA
64	SECTION 4D OROMIYA
71	SECTION 4E SOMALI
78	SECTION 4F BENISHANGUL GUMUZ
85	SECTION 4G SNNPR
92	SECTION 4H GAMBELLA
99	SECTION 4I HARARI
106	SECTION 4J ADDIS ABABA
109	SECTION 4K DIRE DAWA
	SECTION 5 2003 ANC SURVEILLANCE RESULTS
	SECTION 5A HIV
121	Figure 5A.1 Unadjusted HIV Prevalence by Age Group and Site Setting, 2003
124	Figure 5A.2 HIV Prevalence in ANC Attendees in Addis Ababa, 1989-2003
	SECTION 5B SYPHILIS
127	Figure 5B.1 Unadjusted Syphilis Prevalence by Age group and Site Setting, 2003
129	Figure 5B.2 Adjusted Syphilis Prevalence Among all ANC Attendees by Region, Ethiopia, 2003
129	Figure 5B.3 Unadjusted Syphilis Prevalence Among 15-24 year-old ANC Attendees at Rural ANC Clinics, Ethiopia, 2003
129	Figure 5B.4 Unadjusted Syphilis Prevalence Among 15-24 year-old ANC Attendees at Urban ANC Clinics, Ethiopia, 2003
130	Figure 5B.5 Syphilis Prevalence by HIV-Status and Site Setting, Ethiopia, 2003

	SECTION 5C	2003 ANC SURVEILLANCE SITE GRAPHS
	Figure 5C	ANC Site Graphs, 2003:
131		Tigray
132		Afar
133		Amhara
137		Oromiya
141		Somali
141		Benishangul Gumuz
142		SNNPR
144		Gambella
145		Harari
145		Addis Ababa
146		Dire Dawa
147		Armed Forces
147		Police
	SECTION 6	NON- ANC BASED SURVEILLANCE FINDINGS
151	Figure 6.1	HIV Prevalence by Age Among Civilians at Time of Recruitment to the Army, 1999 - 2000, Ethiopia
152	Figure 6.2	HIV Prevalence in Blood Donors by Age and Sex, 2003
153	Figure 6.3	HIV Prevalence Among VCT Clients Reported to MOH, 2003
154	Figure 6.4	HIV Prevalence in Visa Applicants, 2003
155	Figure 6.5	Age and Sex Distribution of AIDS Cases Reported to MOH, 2003
156	Figure 6.6	Estimated PLWHA, New AIDS Cases and AIDS Cases Reported to MOH, 2003
	SECTION 7	ANNEX
X	Map 1	Number of People Living with HIV/AIDS by Region, 2003
04	Map 2	ANC Surveillance Sites, 2003
08	Map 3	HIV Positive Pregnancies by Region, 2003
42	Map 4	HIV Positive Births by Region, 2003
118	Map 5	ART Needs by Region, 2003
150	Map 6	AIDS Orphans by Region, 2003
158	Map 7	New HIV Infections by Region, 2003
174	Map 8	New AIDS Cases by Region, 2003
176	Map 9	Annual AIDS Deaths by Region, 2003

List of Tables

PAGE

	SECTION 1	INTRODUCTION
02	Table 1.1	Basic Health Indicators, 2002/2003
	SECTION 3	NATIONAL HIV/AIDS ESTIMATES
	SECTION 3A	HIV PREVALENCE ESTIMATES
09	Table 3A.1	HIV Prevalence (%) at Urban ANC Sites, 1989 - 2003
10	Table 3A.2	HIV Prevalence (%) at Rural ANC Sites, 1989 - 2003
17	Table 3A.3	Estimated HIV Prevalence and Confidence Intervals by Region and Setting, 2003
	SECTION 3B	HIV/AIDS ESTIMATES
19	Table 3B.1	Major HIV Indicators, Ethiopia
20	Table 3B.2	Major HIV Indicators, Ethiopia Adults
22	Table 3B.3	Major HIV Indicators, Ethiopia Urban
23	Table 3B.4	Major HIV Indicators, Ethiopia Urban Adults
25	Table 3B.5	Major HIV Indicators, Ethiopia Rural
26	Table 3B.6	Major HIV Indicators, Ethiopia Rural Adults
28	Table 3B.7	Regional HIV/AIDS Related Estimates, 2003
	SECTION 4	REGIONAL HIV/AIDS ESTIMATES
44	Table 4A.1-4k.1	Major HIV Indicators, Total Region
46	Table 4A.2-4k.2	Major HIV Indicators, Region Urban
48	Table 4A.3-4k.3	Major HIV Indicators, Region Rural
43	SECTION 4A	TIGRAY
50	SECTION 4B	AFAR
57	SECTION 4C	AMHARA
64	SECTION 4D	OROMIYA
71	SECTION 4E	SOMALI
78	SECTION 4F	BENISHANGUL GUMUZ
85	SECTION 4G	SNNPR
92	SECTION 4H	GAMBELLA
99	SECTION 4I	HARARI
106	SECTION 4J	ADDIS ABABA
109	SECTION 4K	DIRE DAWA
	SECTION 5	2003 ANC SURVEILLANCE RESULTS
	SECTION 5A	HIV
119	Table 5A.1	Urban 2003 ANC Surveillance Sites with HIV Prevalence
120	Table 5A.2	Rural 2003 ANC Surveillance Sites with HIV Prevalence
121	Table 5A.3	Unadjusted HIV Prevalences, by Age Group and Site Setting, 2003
122	Table 5A.4	Median ANC Site HIV Prevalences by Selected Age Groups, 2003
123	Table 5A.5	Median and Range Values of ANC Site Prevalences, 2003
	SECTION 5B	SYPHILIS
125	Table 5B.1	Urban 2003 ANC Surveillance Sites with RPR Reactivity
126	Table 5B.2	Rural 2003 ANC Surveillance Sites with RPR Reactivity

List of Tables

PAGE

127	Table 5B.3	Syphilis Prevalence by Age Group and Site Setting, 2003
128	Table 5B.4	Syphilis Prevalence Rates by Region and Setting of Sites
130	Table 5B.5	Syphilis Prevalence by HIV Status and Site Setting, Ethiopia 2003
	SECTION 6	NON- ANC BASED SURVEILLANCE FINDINGS
151	Table 6.1	HIV Prevalence Levels Among Rural civilians at Time of Recruitment to the Army by Zone, 1999 - 2000, Ethiopia
152	Table 6.2	HIV Prevalence in Blood Donors by Age and Sex, 2003
153	Table 6.3	Reported HIV Prevalence in VCT Clients, 2003
154	Table 6.4	HIV Prevalence in Visa Applicants, 2003
155	Table 6.5	Suspected AIDS Cases that were sent for Screening and their result, 2003
156	Table 6.6	Syndromic STI Case Reports from Reporting Institutions, 2003
	SECTION 7	ANNEX
159	Table 7.1	Regions Supplemented with ANC Surveillance Data from Other Regions
160	Table 7.2	Population-based Survey data Used for HIV Prevalence Estimates in EPP
165	Table 7.3	Adult (age 15+) Population Sizes of 2003 Used as Weights for EPP
165	Table 7.4	Fertility inputs (TFR) Used for the Projection, All Regions (1995-2010)
166	Table 7.5	Mortality (Expectation of Life at Birth) Inputs Used for the Projection, All Regions(1995-2010)
166	Table 7.6	Urbanization Inputs (Percent Urban) Used for The Projection
167	Table 7.7	Regional Demographic Tables for Spectrum Projection Files; Sample Data for Oromia
170	Table 7.8	Comparison of Regional Population Sizes-Current Projection Against Census Report
170	Table 7.9	Comparison of Urban Population Sizes-Current Projection Against Census Report
171	Table 7.10	Comparison of Rural Population Sizes-Current Projection Against Census Report
172	Table 7.11	Default values and Assumptions used in SPECTRUM

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral Medication
BCC	Behavior Change Communication
BSS	Behavior Surveillance Survey
CDC	Centers for Disease Control and Prevention
C.I.	Confidence Interval
CL	Confidence Limit
CPR	Contraceptive Prevalence Rate
EHNRI	Ethiopian Health and Nutrition Research Institute
EIA	Enzyme Immunosorbent Assay
EpiModel	Epidemic Impact Model
EPI	Expanded Program on Immunization
EPP	Epidemic Projection Package
HAPCO	HIV/AIDS Prevention & Control Office
HC	Health Center
HIV	Human Immunodeficiency Virus
HHS	U.S. Department of Health and Human Services
IEC	Information, Education and Communication
MOH	Ministry of Health
N/A	Not Applicable
NACP	National AIDS Control Program
NACS	National AIDS Council Secretariat
NGO	Non-Governmental Organization
PHSC	Potential Health Service Coverage
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
RHB	Regional Health Bureau
RPR	Rapid Plasma Reagin
SNNPR	Southern Nations and Nationalities Peoples Region
UNAIDS	Joint United Nations Program on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

2003 - 2008

MAJOR HIV INDICATORS

	2003	2004	2005	2008
Adult HIV Prevalence (%)				
National	4.4	4.6	4.7	5.0
Urban	12.6	12.5	12.5	12.6
Rural	2.6	2.8	3.0	3.4
HIV-positive Population	1,474,758	1,590,967	1,590,967	2,037,112
HIV-positive Pregnant Women	128,122	137,596	146,570	169,410
HIV-positive Births	34,875	37,450	39,886	46,093
New HIV Infections	231,415	244,384	253,308	277,141
New AIDS Cases	122,697	132,677	143,129	177,232
AIDS Deaths	114,690	124,178	134,124	166,901
No. of Persons Needing ART	245,394	265,354	286,258	354,464
AIDS Orphans	538,674	606,998	678,936	917,688
Non AIDS Orphans	4,015,073	4,072,083	4,122,283	4,228,740
Proportion of TB Cases Caused by AIDS	38%	39%	39%	41%
Proportion of 15 - 49 year Olds Dying of AIDS	30%	32%	33%	37%
Decreases in Expectation of Life Due to AIDS	4.6 Years	4.7 Years	4.9 Years	5.6 Years
Population Increase	1,962,766	2,013,537	2,063,749	2,198,854

FOREWORD

The rapid expansion of HIV/AIDS in sub-Saharan countries has a profound impact on the health sector as well as the socio-economic development of the region in general. Sub-Saharan Africa is the most affected part of the world where more than two thirds of all people with HIV/AIDS are living. In the worst affected countries, the pandemic has reversed the developmental gains of the past few decades, including the hard-won increase in child survival and gains in life expectancy. Despite the concerted efforts to control the epidemic in the last few years, the global impacts are not noticeable and it seems that the pandemic is continuing unabated in many parts of the world and is still claiming millions of lives. Even if the pandemic is brought under control we will still continue to grapple with the after effects for many years to come.

The HIV/AIDS situation in Ethiopia has evolved from two reported AIDS cases in 1986 to a cumulative total of 147,000 by mid-2003 but the vast majority are unreported and many more have died unnoticed and unaided. It is currently estimated that 1.5 million people are living with HIV/AIDS and this is a staggering number to cope with for a resource-poor country. Results in the last few years indicate some encouraging signs that the epidemic is progressing at a slower rate, however, the rate of change is not sufficient enough to be complacent. Given the size of the population and the magnitude of the damage already inflicted, it will take us a number of years to see noticeable declines in prevalence and incidence reduction with sustained effort. Likewise despite the advances in management of the pandemic and the increasing resource availability, we still face a far from ideal situation, one which is unlikely to give us respite in the near future.

Despite the odds, the government of Ethiopia and its many partners are working hard to contain the pandemic and the achievements so far are encouraging. As part of this endeavour and as one of its major duties, the government is trying its level best to create an enabling policy and intervention environment by putting in place the necessary tools and implementation mechanisms. These include the HIV/AIDS policy, the revised strategic framework, the different institutional arrangements for leadership, coordination and monitoring of activities, and mobilizing resources. To prove effective, this must continue in an enhanced manner.

One of the activities of the Ministry of Health is producing empirical data on the scope and progress of the disease in the country. In this respect we have been publishing a national sentinel surveillance report (NSSR) every two years since 1996, and the fifth report was published in June 2004. Additionally, all the detailed technical data for the fifth report are compiled and presented in this technical document. We would like to believe that the quality of the report has continuously improved over the years and that it has become more refined with the improved analytical tools that are being made available. I hope users will find this to be true and that the report proves useful for their work.

I would like to take this opportunity to thank all those who participated in the process, particularly US Centers for Disease Control and Prevention (CDC) for technical and financial assistance, World Health Organization (WHO) for covering operational costs, all regional health bureaus (RHBs) and the health institution that were part of the surveillance system.

Kebede Tadesse
Minister

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