

TECHNICAL DOCUMENT

FOR THE SIXTH REPORT

FEDERAL MINISTRY OF HEALTH
NATIONAL HIV/AIDS PREVENTION AND CONTROL OFFICE
SEPTEMBER 2006



AIDS
IN ETHIOPIA

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MAJOR HIV INDICATORS FOR 2005-2007

	2005	2006	2007	2010
Adult HIV Prevalence (%)				
Total	3.5	3.3	3.2	2.8
Urban	10.5	10.1	9.8	9.3
Rural	1.9	1.8	1.7	1.4
HIV-Pos Population	1,319,795	1,306,891	1,319,902	1,439,769
HIV-Pos Pregnant Women	105,675	102,781	101,741	105,159
HIV-Pos Births	30,338	26,364	23,003	19,073
New HIV Infections	128,922	129,907	132,154	144,737
New AIDS Cases	137,499	135,666	132,744	124,512
AIDS Deaths	134,450	111,200	101,180	89,225
ART Needs	277,757	274,364	287,881	351,001
AIDS Orphans	744,088	822,687	889,308	965,967
Non AIDS Orphans	4,141,249	4,189,114	4,228,311	4,260,217
Proportion of TB Cases Caused by AIDS	32%	31%	30%	30%
Proportion of 15 - 49 year olds Dying of AIDS	34%	30%	27%	24%
Decreases in Expectation of Life Due to AIDS	5 Years	4.2 Years	3.9 Years	2.8 Years
Population Increase	2,060,824	2,145,126	2,213,764	2,145,126

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L I S T O F ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Treatment
BCC	Behaviour Change Communication
BSS	Behaviour Surveillance Survey
CDC	Centers for Disease Control and Prevention
CSA	Central Statistics Agency
CL	Confidence Limit
CPR	Contraceptive Prevalence Rate
CT	Counselling and Testing
DHS	Demographic Health Survey
EHNRI	Ethiopian Health and Nutrition Research Institute
EIA	Enzyme Immunosorbent Assay
EpiModel	Epidemic Impact Model
EPI	Expanded Program on Immunization
EPP	Epidemic Projection Package
FSW	Female Sex Workers
HAPCO	HIV/AIDS Prevention & Control Office
HIV	Human Immunodeficiency Virus
IEC	Information, Education, and Communication
MOH	Ministry of Health
NACP	National AIDS Control Program
NACS	National AIDS Council Secretariat
NGO	Non-Governmental Organization
NSS	National Sentinel Surveillance
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
RHB	Regional Health Bureau
RPR	Rapid Plasma Reagin
RTC	Regional Testing Center
SNNPR	Southern Nations and Nationalities Peoples Region
UNAIDS	Joint United Nations Program on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

FOREWORD

Although the current HIV/AIDS Surveillance estimates indicate some encouraging signs in that the epidemic is stabilizing, the observed changes are not sufficient enough compared to the desired goals of the response against the epidemic. Given the size of the population and the magnitude of the damage already inflicted, it will take us a number of years to see significant declines in HIV prevalence and incidence with concerted and sustained efforts. Although there are advances in the availability, accessibility and utilization of HIV/AIDS prevention, care, support and treatment services and improvements in the management of the epidemic and the increasing resource availability, we still face a situation unlikely to give us respite in the near future.

Despite all the challenges, the government of Ethiopia and its partners are working hard to contain the epidemic and the achievements so far are encouraging. As part of this endeavour and as one of its major duties, the government has put the national HIV/AIDS policy in place to create an enabling environment to fight the epidemic. In addition, significant achievements have been made in putting in place the necessary systems, skilled human power, and other resources.

The HIV/AIDS Surveillance system has been an essential component of the HIV/AIDS response in Ethiopia soon after the report of the first two AIDS cases in 1986. In this respect, we have been publishing a national sentinel surveillance report every two years since 1996 and this report is the Technical Document for the sixth report. The uses of the reports have been invaluable to policy makers, program designers, planners, and implementers in different organizations and at all levels. The fifth AIDS in Ethiopia report has been very instrumental in providing basis for the restructuring of the different institutional arrangements, scale up of services like VCT, ART, and PMTCT, etc. I would also like to express that the quality of the surveillance system has continuously improved over the years and that it has become more refined with the improved methodologies, laboratory quality control systems, and representativeness of the ANC sentinel sites and the concerted efforts towards building capacities at regional offices and health facilities. It is my sincere belief that users will find this report important for their work as the previous reports had been.

Finally, I would like to take this opportunity to thank all those who participated in the process particularly, CDC and WHO that were part of the surveillance system.

Negatu Mereke

HAPCO, Director General