

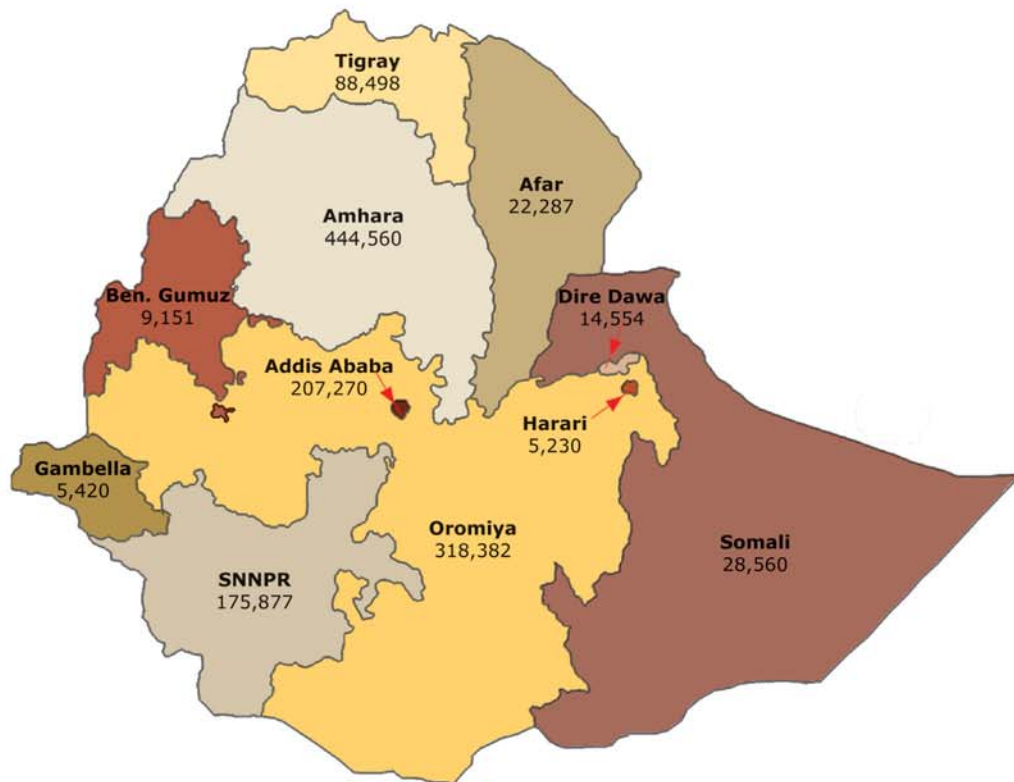
The background is a grid of orange squares. A single square in the upper right quadrant is a bright yellow. A vertical column of squares in the lower right quadrant is a lighter shade of orange. The text 'INTRODUCTION' is centered in the upper half of the page.

INTRODUCTION

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MAP 1

Number of People Living with HIV by Region, 2005



Ethiopia Total = 1,319,795

SECTION ONE

INTRODUCTION

Ethiopia's population reached an estimated 73 million in mid-2005, and is expected to grow by over 2.0% annually through 2025. Ethiopia's population is young with 43% under the age of 15 years. Eighty-four percent of the population is rural. Ethiopia has a federal system with nine regions and two Administrative Councils (Addis Ababa and Dire Dawa).

HIV was first detected in Ethiopia in stored sera collected in 1984 and the first two AIDS cases were reported in 1986. A National HIV/AIDS taskforce was established in 1985 and the National AIDS Control Program (NACP) was established at a Department level at the MOH in 1987. HIV/AIDS surveillance activities began in 1989. There are many factors that promote the spread of the disease including the presence of sexually transmitted infections, gender inequality, multiple sexual partners, prostitution, men with disposable income, alcohol, unsafe blood transfusion, and transmission from infected mother to her fetus/child during pregnancy and breast-feeding.

Two medium-term prevention & control plans were designed and implemented in 1989 and 1996 respectively. The HIV/AIDS Policy was formulated by MOH and adopted by the Council of Ministers in 1998. This created an enabling environment for HIV/AIDS prevention and control. The policy supplemented several policies such as the Health Policy, Women's Policy, and the Education and Training Policy calling for a multisectoral response; guaranteeing rights for PLWHA; and facilitating the development of policies, e.g., on the supply and use of antiretroviral (ARV) drugs among other things.

The HIV/AIDS Prevention and Control Office (HAPCO) was established in 2002 after 2 years of functioning as the National HIV/AIDS Council Secretariat (NACS). It had developed and implemented a five year (2000-2004) national strategic framework as part of the national response to HIV/AIDS. Several priority interventions were implemented and several targets were successfully achieved in this period. The strategic plan for the succeeding four years (2005-2008) focuses on the provision of preventive, care, support and treatment services and stipulated ambitious targets. According to the plan, the implementation of all the programs were to be based on the

principles and approaches of multi-sectoralism, decentralization, community mobilization and ownership, partnership, and the principles of the “Three Ones” principles [One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; One National AIDS Coordinating Authority with a broad-based multisectoral mandate; and One agreed country-level Monitoring and Evaluation System].

Moreover, restructuring of the implementation and coordination mechanisms was done where by the MOH has started to spearhead the implementation and coordination of the national programs. Encouraging achievements were seen within the last one and half years of the start of the implementation of the five years strategic plan. These include training and deployment of health extension workers who are implementing the health extension package, the construction and furnishing of various health institutions especially in rural areas, the massive scale-up of ART, HCT and PMTCT services and the massive involvements of communities in the provision of IEC/BCC, social care and support and other activities.

Table 1.1 Basic Health Indicators, 2004/2005

Total Population	73,043,510
Rural Population Proportion (%)	84.5
PHS Coverage (%)	72.1
PHS Coverage (%) *	82.9
EPI Coverage (%)**	70.1
Health Service Utilization (%)	0.3
Contraceptive Prevalence Rate (%)	25.2
Antenatal Coverage (%)	42.1
Infant Mortality Rate (per 1000)	96.8
Under 5 Mortality Rate (per 1000)	140.1
Total Fertility Rate (per woman)	5.9
Life Expectancy Female (years)	55.4
Life Expectancy Male (years)	54.1
Number of Facilities	
Hospitals	131
Health Centers	600
Health stations	1,662
Health Posts	4,211
Private Clinics	1,578
Pharmacies	276
Drug Shops	381
Rural Drug Vendors	1,787
Human Resources (at Service)	
Physicians	2,453
Health Officers	776
Nurses	18,809
Health Assistants	6,363
Para Medicals	6,259
Human Resources (Graduate)	
Specialists	183
General Practitioners	309
Health Officers	333
Nurses	4,536
Para Medicals	803

* The coverage includes the service provided by private Health Facilities

** Coverage is calculated using DPT3 Only

Source: Health and Health Related Indicators- 1997 Ethiopia Calendar: Planning and Programming Department, MOH

