



### Country Situation

#### Background Statistics

HIV prevalence - adults (ages 15-49)*	–	–
HIV prevalence - pregnant women (all ages) <sup>[1]</sup> *	1.1%	2009
Number of women living with HIV delivering <sup>[2]</sup>	42,900	2011
Est. # children (ages 0-14) living with HIV*	–	–
Maternal mortality ratio <sup>[3]</sup>	350/100,000	2010
Est. annual births <sup>[4]</sup>	2,613,000	2010
Infant mortality rate <sup>[5]</sup>	68/1,000	2010
Under-5 mortality rate <sup>[6]</sup>	106/1,000	2010

Although adult HIV prevalence (ages 15-49) estimates for Ethiopia are currently under revision, HIV prevalence among pregnant women (all ages) was estimated at 1.1% in 2009. In 2011, approximately 42,900 pregnant women living with HIV (PWLHIV) delivered. Between 2009 and 2011, Ethiopia has seen a 31% decline in the number of new paediatric HIV infections – from 18,900 to 13,000<sup>[2]</sup>.

In 2010, PMTCT services were available in only 43% of all ANC facilities<sup>[7]</sup>. Although HIV testing coverage among pregnant women increased from 2% in 2005 to 26% in 2010<sup>[8]</sup>, it is still very low. In 2011, only 24% of PWLHIV received efficacious ARV regimens for preventing mother-to-child transmission of HIV<sup>[2]</sup>. The mother-to-child transmission rate, estimated at 30% in 2011<sup>[2]</sup>, is still very high.

Ethiopia has developed an accelerated national eMTCT plan (2011-2015) and has adopted WHO 2010 Guidelines Option A regimen for prophylaxis<sup>[9]</sup>.

### Reaching High Level Targets

#### Global 2015 Targets

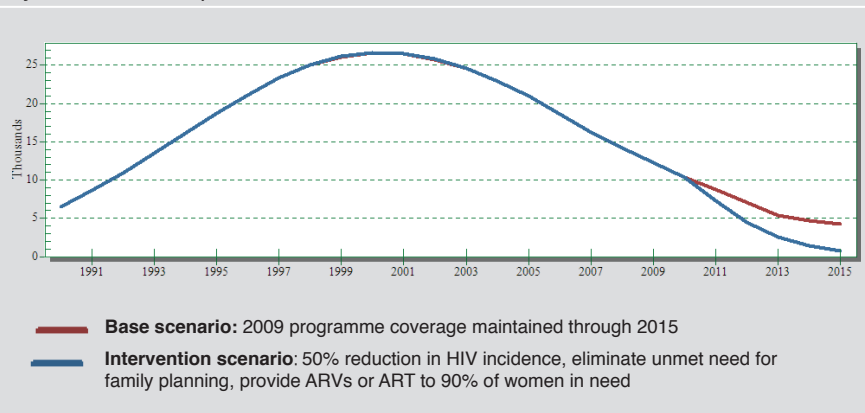
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

#### Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

An estimated 12,300 children were newly infected with HIV in 2009. Modeling data from UNAIDS indicates that if all interventions are scaled up and Global Plan targets achieved (see Figure 1), there would be 800 new child infections in 2015—a 93% decline in the number of new child infections between 2009 and 2015<sup>[10]</sup>.

**Figure 1:** Number of new child HIV infections due to mother to child transmission, by scenario, Ethiopia



Source:<sup>[10]</sup> Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010

### Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections <sup>[2]</sup>	18,900	–	13,000	–	–	–	–
	Number HIV-associated maternal deaths <sup>[3]</sup>	1,740 (2005)	760	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	2% <sup>[11]</sup> (2008)	2% <sup>[6]</sup>	–	–	–	–	–
	ART coverage among children (ages 0-14) <sup>[2]</sup>	11%	–	19%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) <sup>[2]</sup>	0.04%	–	0.04%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49)	36% <sup>[12]</sup> (2005)	25% <sup>[13]</sup>	25%	–	–	–	–
Prong Three	Mother-to-child transmission rate <sup>[2]</sup>	35%	–	30%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) <sup>[2]</sup>	8%	–	24%	–	–	–	–
	Breastfeeding ARV Coverage <sup>[2]</sup>	2%	–	11%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment <sup>[2]</sup>	4%	–	24%	–	–	–	–

## PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

### Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

#### Background Statistics

Young people (ages 15-24) HIV prevalence*	Female: –	–
	Male: –	–
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months <sup>[13]</sup>	Female: –	–
	Male: 47%	2011
Male partners of pregnant women attending ANC tested in last 12 months*	Male: –	–
Unintended pregnancies (ages 15-49) <sup>[13]</sup>	Female: 28%	2011

### Key Points

Twenty-eight percent of women in Ethiopia (ages 15-49) reported unintended pregnancies in 2011, indicating high unmet need for family planning and reproductive health services. Condom use at last sex among young men (15-24) reporting multiple partners in the last year was low in 2011 (47%). Comparable data on condom utilization among young women is not available.

## PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

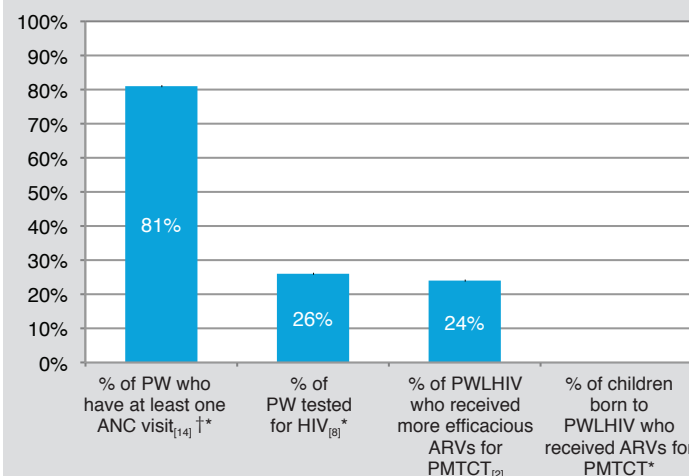
### Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

#### Background Statistics

Timing of 1 <sup>st</sup> ANC visit (months) <sup>[13]</sup>	No ANC: 57%	2011
	<4 months: 11%	
	4-5 months: 17%	
	6-7 months: 12%	
	8+ months: 3%	
	DK: <1%	
Percentage of women attending at least 4 ANC visits during pregnancy <sup>[13]</sup>	Total: 19%	2011
	Urban: 46%	
	Rural: 14%	
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) <sup>[8]</sup> *	26%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT*	–	–
Skilled attendant at delivery (%) <sup>[13]</sup>	10%	2011
Exclusive breastfeeding for infants <6 months <sup>[13]</sup>	52%	2011

**Figure 2: Coverage of selected PMTCT interventions (2010)**



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

### Key Points

According to facility data, the uptake of at least one ANC visit among pregnant women was good in 2010 (81%), yet only 10% of pregnant women in Ethiopia accessed skilled birth attendance in 2011, and the maternal mortality ratio in 2010 was high (350/100,000)<sup>[3]</sup>. In 2010, only 26% of pregnant women were tested for HIV and, in 2011, only 24% of PWLHIV received more efficacious regimens for PMTCT.

## PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

### Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

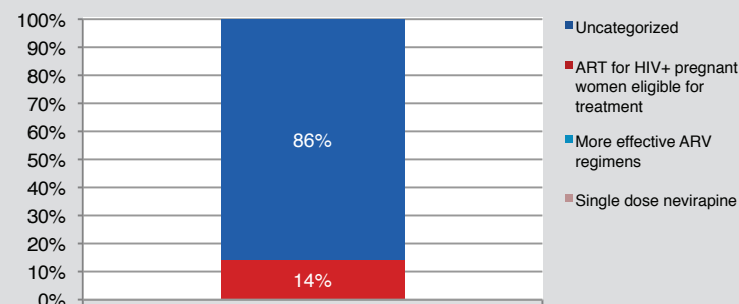
#### Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing <sup>[7]</sup> *	>95%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth*	–	–
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth <sup>[8]</sup> *	4%	2009

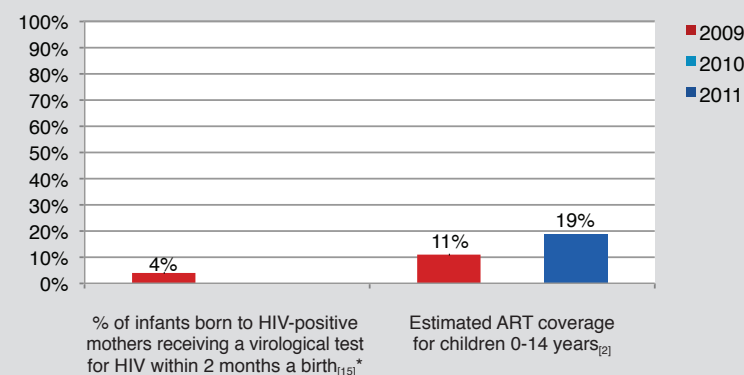
### Key Points

In 2010, most HIV positive pregnant women (>95%) were assessed with CD4 testing to determine if they were in need of treatment for their own health. Coverage of early infant diagnosis however is very limited at 4% as of 2009. Although coverage of paediatric ART increased from 11% in 2009 to 19% in 2011, it is still low. Among pregnant women with HIV who received ARVs for PMTCT in 2010, 14% received ART for their own health and maternal ARV regimens were not otherwise disaggregated (see Figure 3).

**Figure 3:** Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010<sup>[7]</sup>\*



**Figure 4:** Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



## Key Challenges & The Bottom Line

### Key Challenges

Very limited access to PMTCT services

High unmet need for family planning

Very few women access skilled attendance at delivery

Very few infants born to HIV+ mothers receive EID and few HIV+ children receive ART.

Very few PWLHIV are receiving more efficacious ARV regimens for PMTCT

Data on some key PMTCT indicators are not available at the national level, hindering tracking of progress towards eMTCT targets

### The Bottom Line

*If national EMTCT targets for Ethiopia are to be met by 2015, the following actions should be considered:*

Expand availability of PMTCT services within ANC

Expand access to family planning and strengthen linkages between PMTCT and FP/SRH services

Improve equitable access to skilled birth attendance

Expand the provision of EID and ART for children with HIV

Improve equitable access to more efficacious ARV regimens for PWLHIV

Strengthen routine monitoring system to ensure timely collection and reporting of quality data on Global Plan indicators.

## References:

- 1 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
- 2 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 3 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
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- 5 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
- 6 Liu L, Johnson HL, Cousens S, et al, for the Child Health Epidemiology Reference Group of WHO and UNICEF. *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000*. Lancet 2012
- 7 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
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- 9 Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive 2011-2015, 2010*.
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- 11 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2010*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010
- 12 Ethiopia Demographic and Health Survey 2005, Final Report
- 13 Ethiopia Demographic and Health Survey 2011, Final Report
- 14 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011
- 15 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2010*

## Notes:

- \* Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.
- <sup>a</sup> 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

## Acronyms:

- ANC: Antenatal care
- ART: Antiretroviral therapy
- ARVs: Antiretroviral prophylaxis
- CTX: Co-trimoxazole prophylaxis
- EID: Early infant diagnosis
- EMTCT: Elimination of mother-to-child transmission of HIV
- FP: Family planning
- L&D: Labour and delivery
- MMR: Maternal mortality ratio
- MNCH: Maternal, newborn and child health
- PMTCT: Prevention of mother-to-child transmission of HIV
- PWLHIV: Pregnant women living with HIV
- SRH: Sexual and reproductive health
- WHO: World Health Organization