

ETHIOPIAN PUBLIC HEALTH ASSOCIATION AND THE HIV PROTECTION MODEL

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Ethiopia is a country located in the Horn of Africa. It is the most populous landlocked country in the world with over 91,000,000 inhabitants and the second-most populated nation in African. Its capital and biggest city is Addis Ababa.

Introduction:

The Ethiopian Public Health Association (**EPHA**) is established in August 1989 and is a multi-disciplinary association. The association envisions the attainment of the highest possible and maintain professional standards through advocacy, active involvement and networking. It has more than 4 525 members of various disciplines with different level of education. It is also engaged in all the health and health related systems in Ethiopia. The Governing Body Management Structure consists of General Assembly, which gathers the EPHA members' in an annual conference; General Assembly Elected Organs – the Executive Board, the Advisory Council and the External Auditor; the EPHA Chapter, consists of 18 chapters with focal points at Regional Health Bureau (RHB) and the universities; and the Secretariat, presented by the Executive Director's Office with Management Committee and four Departments and more than 65 full time employees. The General Assembly is the highest authority that provides professional direction to EPHA, based on its 5-years strategic plan. Major policy and strategic decisions are taken by the General Assembly at EPHA annual conferences and it addresses the thematic areas identified by the Executive Board. The annual conference gathers policy makers, health professionals, the scientific community, national and international partners to share and disseminate research findings and thereby influence policy and strategic decisions. The award of the Annual Conference is given to distinguished professionals in research and public health leadership as well as institutions recognized with their contribution to health and wellbeing of society.

The **mission** of EPHA is to promote better health services for the community and to coordinate different researches and campaigns like HIV/AIDS prevention. The association participates in: influences the health policy, planning, management and practice of public health actively. It works also in research and publishing scientific journals, newsletters and bulletins for disseminating the knowledge and excellence in public health practice.

In the developing and evaluating **national health projects and programs** the association has a long and successful experience. It facilitates and accelerates service delivery on priority public health programs by working closely with its **partners and collaborators** in government, NGOs, RHBs and universities. EPHA organizes different professional training programs and workshops, participates in developing curricula, strategic directions and guidelines for the academic and other health institutions. It strengthens the professional skills and capacity of its **members** through training, conferences / workshops, library and e-learning services. EPHA is involved in various projects, including projects with the Federal Ministry of Health (FMoH) and the RHBs, with the Center of Diseases and Control (CDC), with the David and Lucille Packard Foundation (The Reproductive Health Project) etc. The FMoH and the RHBs are providing together with EPHA technical support on Health Sector Development Program (HSDP), linking with different directorates of the Ministry of Health (MoH) and RHBs. The association participates in the HSDP's Annual Monitoring Meetings. It leads the health professional licensing to ensure professional competency. It also offers training programs on leadership in strategic information to capacitate the

RHBs. Other initiative of the EPHA is in the field of epidemiology and laboratory training in collaboration with national and international partners.

The Reproductive Health Project of EPHA and David and Lucille Packard Foundation has to strengthen the link between household and primary health care units for improved women and young people reproductive health and to scale up community –based RH / FP (Reproductive Health / Family Planning) services delivery including Implanon insertion training in the SNNPRS (one of the largest regions in Ethiopia) through the health extension program.

Aims and Methods:

EPHA contributes to national taskforces like the national HIV /AIDS M&E task force, Global Fund Committee, National HIV / AIDS Review Board and others. It coordinates the Most at Risk Populations (MARPS) study in the Amhara region state, the 1st and 2nd rounds nationwide behavioral survey surveillance (BSS), AIDS mortality surveillance and others researches in different public health fields. EPHA played important roles in the African HIV / AIDS Conference (ICASA) held in Ethiopia in December 2011.

HIV and AIDS are among the most important global health problems of our time. Together they cause more than 4 million deaths a year. Since the first evidence of the HIV epidemic, detected in Ethiopia in 1984, AIDS has claimed the lives of millions and left behind an estimated 744,100 orphans. To respond to this epidemic in a coordinated way, the FMOH and the HIV/AIDS Prevention and Control Office (FHAPCO), developed a HIV/AIDS policy and strategic documents to create an environment conducive for the implementation of HIV prevention, care and treatment and support programs.

The Project of the EPHA and the CDC has to improve public health practice and service delivery in HIV / AIDS prevention and control in Ethiopia through public health evaluations and operations research and by developing the capacity for designing and implementing evidence – based policies and interventions. The ongoing studies of the project refer to the assessment of the implementation of the Basic HIV / AIDS Prevention and Care Program, to surveillance of Syphilis and related risk behaviors, to assessment to improve quality and couple utilization of HIV Counseling and testing services in Ethiopia. It is also focused on the magnitude of the risk factors for HIV Infection among the MARPS in the country, on the Demographic and Health Surveillance System in six Ethiopian universities.

The U.S. Department of Health & Human Services Centers for Disease Control and Prevention Ethiopia, the public health agency of the U.S. Government providing also assistance to prevent and control malaria, meningitis and tuberculosis (TB) in numerous settings. The relationship includes production of rabies vaccine and eradication of smallpox, dracunculiasis and polio.

In response to the escalating global HIV / AIDS pandemic, President Bill Clinton announces the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative in 1999. This initiative prompted Health & Human Services (HHS) and CDC to create the Global AIDS Program (GAP). GAP joined the effort in Ethiopia and other countries and deployed the first long-term CDC assignee to Ethiopia in April 2001. Since then, HHS/CDC-Ethiopia has grown to a staff of 100 personnel within the U.S. Embassy compound, who are working in close collaboration with the FMOH, the Ethiopia Health and Nutrition Research Institute (EHNRI), RHBs, public universities and other partners from Ethiopia and USA. Since 2001, HHS/CDC has provided nearly US \$ 600 million in assistance to help mitigate of HIV / AIDS as well as other sexually transmitted infections (STIs), TB and other public health challenges in Ethiopia.

Recognizing the global HIV / AIDS pandemic as one of the greatest health challenges of our time, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 by President George W. Bush to combat global HIV / AIDS. It is the largest commitment ever by any nation for an international health initiative dedicated to a single disease. The U.S. Government

committed nearly US \$ 39 billion to bilateral HIV / AIDS programs, the Global Fund to Fight HIV / AIDS, TB and Malaria and bilateral TB program from fiscal year 2004 – 2011. In May 2009, President Barack Obama announced the Global Health Initiative (GHI) and called it “the next chapter in the way U.S. Government agencies conduct global health activities, building on successful bipartisan leadership in global health and expanding their impact for sustainable results around the world.”

Over the past ten years, CDC-Ethiopia has been committed to support the country to develop and expand evidence-based prevention interventions to slow the pace of new HIV infections. CDC tailors prevention responses to the specific nature of the Ethiopian HIV epidemic based on available epidemiological data. CDC supports a mixed strategy using behavioral, biomedical and structural approaches and more recently a combination of all three approaches together to achieve full combination of prevention.

CDC-Ethiopia supports a number of local (including faith-based) organizations which work to reduce stigma and promote prevention through mass media programs, such as the People Living with HIV / AIDS Radio Diaries. This prevention also includes accelerating HIV Counseling and Testing (HCT) using a mix of HCT approaches (client and provider initiated HIV counseling and testing) in public health facilities in all regions of the country.

CDC-Ethiopia also pilots new programs and promotes innovative approaches such as mobile and home-based testing.

HCT is the main entry point to HIV prevention, care and support, and treatment services. In 2000, the Center, in collaboration with the MoH, conducted an assessment of HCT services to develop a strategy to address shortcomings. Limited access to HCT services in the face of growing demand particularly for rapid testing, poor standards of pre- and post-HIV test counseling, lack of standardized curricula and quality assurance and use of HCT to confirm diagnosis of illness rather than for planning and prevention purposes were among the identified challenges.

CDC-Ethiopia supported HCT sites increased from two sites in 2002 to 400 in 2010. These sites have tested over 5.3 million people.

It supports prevention of HIV transmission efforts also through biomedical interventions that include ensuring blood safety, increasing access to voluntary medical male circumcision and infection prevention programs. A number of activities are aimed at strengthening blood transfusion services in Ethiopia to ensure the delivery of safe and adequate supplies of blood to those in need, as well as contributing toward prevention and control of HIV / AIDS and other transfusion transmissible infections such as hepatitis B, hepatitis C and syphilis.

With technical assistance from CDC and WHO, Ethiopia now has a national blood policy and a 5-years strategic plan for implementation of blood safety activities. Other core achievements in blood safety include training of prescribers and users of blood products to improve the therapeutic and clinical use of blood and the development of national guidelines, protocols and standards operating procedures to ensure the delivery of high-quality blood services. Establishing a National Blood Transfusion Services after years of dedicated service by the Ethiopian Red Cross Society will be a priority in coming years.

Many studies indicate that circumcised men are less likely to become infected with HIV than uncircumcised men. Lack of circumcision also increased the chances of infection with other STIs, which have been shown to enhance transmission of HIV.

In 2009, the MoH officially endorsed voluntary medical male circumcision as one strategy in the comprehensive HIV prevention package. CDC-Ethiopia supports trainings on safe male circumcision to service providers, educating the public on the benefits of circumcision and strengthening circumcision services at healthcare facilities.

The Ethiopian HIV epidemic varies by population and geographic areas. CDC-Ethiopia currently supports behavior change programs for MARPs and other highly vulnerable populations such as sex workers, uniformed service members (the Federal Police and the National Defense

Forces), and university students in addition to programs for the general population including youth. CDC-Ethiopia has strategically aligned its HIV / AIDS program with behavioral change communication (BCC) activities to better respond to the mixed epidemic that characterizes Ethiopia.

Results:

The blueprint of HIV treatment success includes making diagnosis of HIV infection, linking HIV clients to chronic care service and retention of clients in the services. Both initial linkage and retention are distinct processes that require several cascading actions to solve the major obstacles.

Ethiopia is one of the largest recipients of PEPFAR support. Until 2012 the country has received US \$ 1,4 billion in PEPFAR funding to support a comprehensive HIV / AIDS prevention, care and treatment program. To achieve its goals, the PEPFAR model recognizes the importance of collaborating with international health and economic organizations such as the Global Fund to Fight AIDS, TB and Malaria; the WHO; UNICEF; the United Nations Joint Program on HIV / AIDS, the World Bank as well other bilateral missions, NGOs etc. In June 2010, Ethiopia was named as one of eight inaugural “GHI Plus” countries. GHI efforts in Ethiopia focus on effective and efficient harnessing of the health resources and collaborative partnerships to decrease maternal, neonatal and under-5 mortality and reduce incidence of communicable diseases, like HIV, TB and malaria. The GHI strategy was developed in collaboration with FMOH and was approved in March 2011, on the eve of HHS / CDC’s 10th anniversary of operations in Ethiopia.

Community mobilization and empowerment is an important element of the Ethiopian Ministry of Health’s strategy to intensify the anti-HIV / AIDS community movement, create community ownership and sustain social transformation. CDC-Ethiopia also supports the emerging regions (Afar, Somali, Benishangul-Gumuz and Gambella) in effective community outreach and social mobilization interventions. The main targets of community activities are the general population, pastoral communities and key population groups (including women, out-of-school youth, commercial sex workers, university/high school students, construction workers and truck drivers).

Through implementing partners, CDC has also supported the production of oral morphine for chronic pain management in collaborating with the FMOH and has carried out operational studies such as evaluating pain management, use of safe water for people infected with HIV, introducing sustainable screening of cervical cancer in select hospitals across the country and developing a training curriculum for Prevention with Positives. The Center also supports nutrition and income generation programs by linking with the United States Agency for International Development (USAID), the World Food Program and the General Fund.

The Prevention of Mother-to-Child Transmission (PMTCT) works to ensure that community-based services are available to expectant mothers as well as to provide support and antiretroviral Therapy (ART) to HIV-positive mothers and immediately postpartum to their newborns. The PMTCT program goes beyond the mother and child to provide services to their eligible infected and affected family members.

By 2010, CDC, alongside other U.S. Government partners, had significantly contributed to expansion of PMTCT services to 878 health facilities, including hospitals and health centers. In 2010 alone, more than 600,000 pregnant women were counseled and tested for HIV and approximately 10,500 HIV-positive women have received antiretroviral treatment.

The availability of life-saving ART to people living with HIV has been a significant leap forward to mitigate the impact of HIV / AIDS in Ethiopia.

The country continues to be burdened with TB, which still remains the leading cause of death among people living with HIV / AIDS. Major progress has been made in the Multidrug-resistant TB (MDR TB) control initiative through the pilot program at St. Peter’s Hospital. CDC is working with the Ethiopian Health and Nutrition Research Institute to establish TB culture facilities at six

regional laboratories and referral hospitals to strengthen MDR-TB case detection. TB isolation wards, laboratories and outpatient departments have been renovated to improve case detection, quality of care and TB infection control.

CDC partners closely with its sister agency, the EHNRI, which oversees all medical laboratories in Ethiopia, to provide laboratory training and technical assistance to strengthen the nation's entire health system through improved laboratory infrastructure and human capacity.

Conclusion:

The Ethiopian Public Health Association is focused on promoting the establishment of standards in public health, protecting the interest of its members, establishing sustainable working relationship with sister associations, increasing the proportion of active members, striving to meet its financial requirements from internal sources, etc.

EPHA brings together persons who are trained in, institutions working in or interested in public health or public health – related disciplines. It works closely with several institutions and organizations, in particular, the Federal Ministry of Health, Regional Health Bureaus, universities, the Centers for Disease Control and Prevention, David and Lucille Packard Foundation, US Agency for International Development and the World Health Organization. The Association is also closely allied with local health professional associations like Ethiopian Medical Association (EMA), Ethiopian Nurses Agency (ENA), Ethiopian Nurse-Midwives Association (ENMA), Ethiopian Society of Obstetricians & Gynecologists (ESOG), Ethiopian Public Health Laboratory Association (EPHLA) and others and international associations like the Canadian and the American Public Health Association (CPHA and APHA) and the World Federation of Public Health Associations (WFPHAs). It provides technical supports to the health extension program to improve the capacity of reproductive health service applications at the community level. It also plays an important role in the African HIV/AIDS epidemic and prevention.

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