

HIV Prevention in Ethiopia National Road Map 2018 - 2020



Federal HIV/AIDS Prevention and Control Office

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FOREWORD

The Federal Democratic Republic of Ethiopia has committed to reducing new adult HIV infections by 50 percent by 2020 and to ending AIDS as a public health threat by 2030. This is clearly reflected in the Country's Health Sector Transformation Plan II 2015-2020, where one of the major indicators is reduction of HIV incidence rate from 0.03 percent to 0.01 percent.

The country has observed remarkable progress over the past two decades in reducing HIV prevalence rate from 3.3 percent in 2000 to 0.9 percent in 2017, and AIDS-related deaths from 83,000 deaths in 2000 to 15,600 in 2017, thus being on the right track to deliver on its commitments. However, the gains made so far seem to be challenged by complacency regarding primary HIV prevention.

The current HIV epidemiology of the country is heterogeneous, with significant variations in the burden of HIV across geographic areas and population groups. The urban HIV prevalence is seven times higher than the rural HIV prevalence. Among the regional states, HIV prevalence ranges from 4.8 percent in Gambella to below 0.1 percent in Somali. There is also a disproportionately high HIV burden among population groups such as female sex workers and truck drivers. The country is in a state of growing urbanization and scale up of megaprojects that attract a huge work force, composed mostly of youth. These developments result in the emergence of new hotspots and influence the dynamics of HIV transmission. It is therefore indispensable to revitalize and scale up HIV prevention interventions on the basis of geographic and population priorities, involving all the relevant stakeholders, including the leadership.

This National Prevention Road Map addresses the above-mentioned challenges and aims to guide, focus and reinvigorate the HIV prevention response during the period 2018-2020. It also renews the commitment of political leadership, implementers and donors at all levels.

The Road Map, developed by FHAPCO with the support of the National HIV Prevention Advisory Group and other development partners, is based on the Global HIV Prevention 2020 Road Map. A series of consultative meetings and desk reviews were undertaken with stakeholders to identify key milestones and recommendations, based on the analysis of the current epidemiology and national HIV prevention response. The Road Map is aligned with global recommendations, and with the National HIV/AIDS Strategic Plan 2015-2020 and its recent midterm review.

Implementation of this Road Map calls for commitment of leadership across all levels. It also requires donors' and implementers' focus on prevention interventions targeting geographic and population priorities. There should also be strong tracking of progress and accountability.

Finally, I would like to acknowledge the key support provided by UNAIDS and UNFPA country offices in Ethiopia in the development of this Road Map.

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ACRONYMS

AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
AYFS	Adolescent and Youth-Friendly Services
CBOs	Community-based Organizations
CDC	Centers for Disease Control
CORHA	Consortium of Reproductive Health Associations
CSA	Central Statistics Agency
CSOs	Civil Society Organizations
DD	Distance Drivers
DHS	Demographic and Health Survey
DIC	Drop-in Centre
EDHS	Ethiopian Demographic and Health Survey
EID	Early Infant Diagnosis
e-MTCT	Elimination of Mother-To-Child-Transmission of HIV
EPHA	Ethiopian Public Health Association
EPHI	Ethiopian Public Health Institute
ESDP	Education Sector Development Plan
ETB	Ethiopian Birr
FBOs	Faith-Based Organizations
FMoH	Federal Ministry of Health
FSW	Female Sex Workers
GBV	Gender-Based Violence
GF	Global Fund
GO	Government Offices
HAPCO	HIV/AIDS Prevention and Control Office
HDA	Health Development Army
HEWs	Health Extension Workers
HIV	Human Immunodeficiency Virus
HIVDR	HIV Drug Resistance
HMIS	Health Management Information System
HR	Human Resources
HTS	HIV Testing Services
IBBS	Integrated Bio-Behavioural Survey
IGAs	Income Generating Activities
KP	Key Populations
KPP	Key and Priority Populations
MARPs	Most at Risk Populations
M&E	Monitoring and Evaluation
MOE	Ministry of Education
MOH	Ministry of Health
MOLSA	Ministry of Labor and Social Affairs

MRIS	Multisectoral Response Information System
MSR	Multisectoral Response
MTCT	Mother-To-Child-Transmission of HIV
MoWCA	Ministry of Women and Children Affairs
MoYS	Ministry of Youth and Sport
NAC	National AIDS Council
NASA	National AIDS Spending Assessment
NGOs	Non-Governmental Organizations
OI	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PrEP	Pre-Exposure Prophylaxis
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PFSA	Pharmaceuticals Fund and Supply Agency
PITC	Provider-Initiated Testing and Counseling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child-Transmission of HIV
PSI	Population Services International
RAC	Regional AIDS Council
RHB	Regional Health Bureau
SBCC	Social Behavioural Change Communication
SNNP	Southern Nations and Nationalities Peoples
SPM	Strategic Plan for Multisectoral Response
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
TB	Tuberculosis
WAC	Woreda AIDS Council
WoHO	Woreda Health Office
VCT	Voluntary Counselling and Testing
VL	Viral Load
VMMC	Voluntary Medical Male Circumcision
ZAC	Zonal AIDS Council

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1. INTRODUCTION

Globally, it has been recognized that, while HIV treatment saves lives and has a significant preventive effect by suppressing onward transmission from those living with the virus, evidence shows that treatment alone will not be enough to control the HIV epidemic. Primary prevention also needs to be scaled up vigorously. A new effort is urgently needed to reinvigorate primary HIV prevention, building on lessons learned from previous prevention initiatives and other successful experiences that have contributed to the reduction of new HIV infections.

The Global HIV Prevention Coalition was launched in October 2017. Chaired by the Executive Directors of UNAIDS and UNFPA, it brings together United Nations Member States, civil society, international organizations and other partners in the effort to reduce new HIV infections by 75 percent by 2020, from the 2011 baseline. The overarching goal of the Global HIV Prevention Coalition is to strengthen and sustain political commitment for primary prevention by setting a common agenda among key policymakers, funders and programme implementers. It also seeks to establish accountability, country ownership and commitment.

The 25 countries with the highest numbers of new HIV infections were selected for the Global HIV Prevention Coalition. Of these, 17 are African countries, including Ethiopia. These countries are required to establish a National HIV Prevention Coalition and to develop a National HIV Prevention Road Map. Countries must set out their milestones to achieve the target of 75 percent reduction in new HIV infections through focusing and scaling-up key elements of the prevention response, and engaging stakeholders and leaders in its effective implementation, monitoring, and annual reporting on progress.

Ethiopia's National HIV Prevention Road Map was developed after a thorough analysis of the national context and lessons of previous programme implementation, through a series of consultative meetings with key stakeholders. The Road Map is aligned with the national HIV/AIDS Strategic Plan 2015-2020 and with global recommendations. It has also taken into account the key findings from the recent midterm review of the national HIV/AIDS Strategic Plan.

This document describes the objectives of the National HIV Prevention Road Map. It synthesizes the current epidemiological situation in Ethiopia with a focus on youth, key and priority population groups. The document sets out the six HIV prevention pillars that the country will focus on during 2018-2020 to achieve the prevention target of reducing new adult HIV infections by 50 percent, using 2016 data as a baseline.

The document indicates key milestones that will be achieved under each prevention pillar and the critical enablers, which include leadership, coordination, partnership, resource mobilization, strategic information, monitoring and evaluation, designed to achieve the milestones. The Road Map also identifies key targets for impact, outcome and output indicators that will set the basis for measuring progress in the prevention response. The last two sections of this document outline partnership and coordination, as well as monitoring and accountability mechanisms.

2. NATIONAL HIV PREVENTION ROAD MAP OBJECTIVES AND PILLARS

OBJECTIVES OF THE ROAD MAP

The National HIV Prevention 2020 Road Map serves as a framework for the prevention response during the years 2018-2020. The Road Map aims to renew commitment of all stakeholders and partners, particularly the political leadership, implementers and donors, to focus and reinvigorate the HIV prevention response across all levels.

The objectives of this Road Map are to:

1. Provide guidance for geographical and population prioritization of HIV prevention interventions to optimize reduction of new HIV infections.
2. Provide milestone and targets to draw annual plans of action, guided by the Road Map, by all prevention actors at different levels

3. Provide guidance for scale-up and implementation of primary and combination HIV prevention interventions targeting particularly adolescent girls and young women, key and priority population groups
4. Provide guidance for monitoring and tracking progress in HIV prevention.

The overarching targets set by the Road Map for 2020 are:

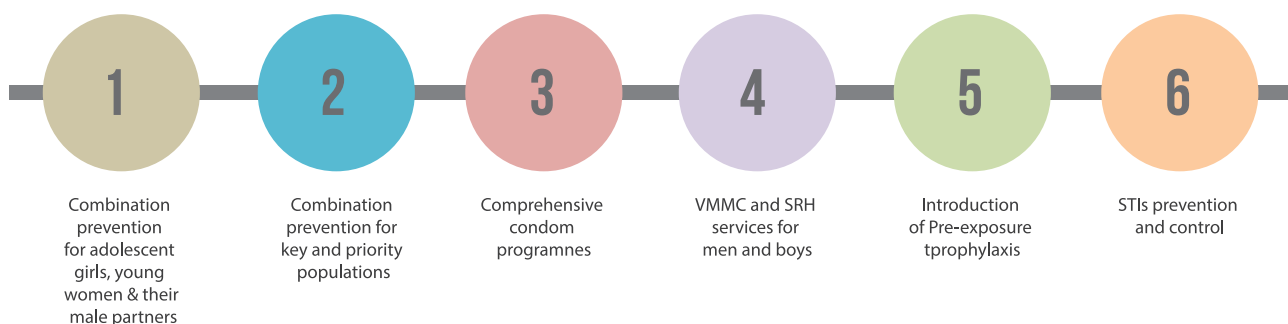
- Reduce adult new HIV infection by 50 percent from the 2016 baseline of 9,800 to 4,900
- Reach 90 percent of adolescent girls and young women in high burden areas.
- Reach 90 percent of key and priority populations with combination HIV prevention
- Distribute 200,000,000 condoms per year (50 percent to key population groups)
- Allocate 25 percent of the overall HIV/AIDS funding to HIV prevention

Ethiopia conducted a third round Demographic and Health Survey (DHS) in 2016, which provided the most recent reliable data available for most indicators. The DHS 2016 data is taken as the baseline for the reduction of adult new HIV infections by 50 percent.

THE SIX PILLARS OF HIV PREVENTION

The Road Map is built around six HIV prevention pillars as described below (Pillars 1-5 adopted from the global Road Map and Pillar 6 added taking local context into account).

Figure-1: The six pillars of HIV prevention in Ethiopia



Pillar 1: Combination prevention packages for adolescent girls, young women and their male partners in high-prevalence locations, including demand generation for HIV prevention, social behavioural change communication, economic empowerment, addressing harmful gender norms, and access to sexual and reproductive health services. This effort will move forward in close partnership with existing relevant initiatives targeting these population groups.

Pillar 2: Combination prevention programmes for key and priority populations that are evidence-informed and human rights-based, including community empowerment, peer outreach and condom distribution. These programmes will be community-based, community-led and tailored to the needs of key populations. Key populations for Ethiopia are female sex workers (FSW) and prisoners. Priority populations are widowed, separated or divorced women; long distance truck drivers; PLHIV and their partners; people working in hotspot areas, both mobile and resident.

Pillar 3: Strengthened national condom programmes, including adequate male and female condom procurement, promotion, demand creation, and distribution through social marketing, private sector sales and other channels for an expanded and sustainable condom market.

Pillar 4: Voluntary medical male circumcision (VMMC) in areas of the country where there are high levels of HIV prevalence and low levels of male circumcision, as part of provision of wider sexual and reproductive health services for men and boys.

Pillar 5: Pre-exposure prophylaxis (PreP) for population groups at substantive risk and with high levels of HIV incidence, particularly female sex workers and discordant couples.

Pillar 6: Prevention and control of sexually transmitted infections (STIs) will be the sixth pillar of HIV prevention in Ethiopia. While STIs prevention is part of combination prevention for key and priority population, adolescent girls and young women (Pillar 1 and 2), it is taken as the additional pillar to better position it in Ethiopia's HIV prevention programme. This is because the STIs programme has been very weak in terms of programming, surveillance and funding, and needs better emphasis in the country's HIV prevention programme. STIs prevention includes social behavioural change communication, condom promotion and distribution, early diagnosis, treatment and surveillance, targeting particularly adolescents, young women and their partners, and key and priority population groups.

3. GUIDING PRINCIPLES

- A sustainable programme that includes reliance on domestic resources, community ownership and leadership commitment.
- A gender-sensitive approach that caters for the different needs of women, girls, men and boys in accessing HIV information and related services.
- A multisectoral approach and partnership that builds on HIV being the responsibility of all sectors and constituencies.
- Evidence-informed and rights-based programming.
- An inclusive and people-centred approach that recognizes different prevention options that individuals may choose at different stages of their lives.
- A location-population approach that addresses the heterogeneity of the HIV epidemic and ensures effective and efficient planning and programming of HIV prevention services.

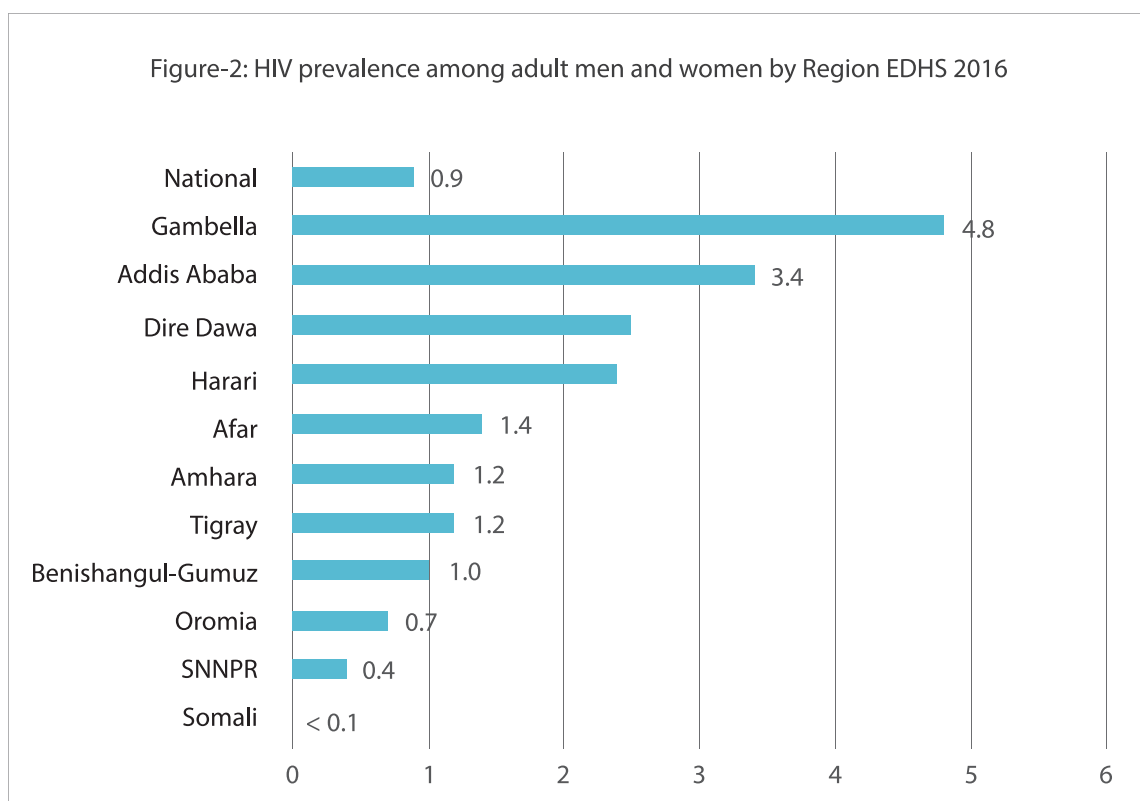
4. NATIONAL CONTEXT: EPIDEMIOLOGICAL SITUATION

GENERAL POPULATION

HIV prevalence among women and men aged 15-49 in Ethiopia is 0.9 percent. HIV prevalence is higher among women than men (CSA and ICF, 2018).

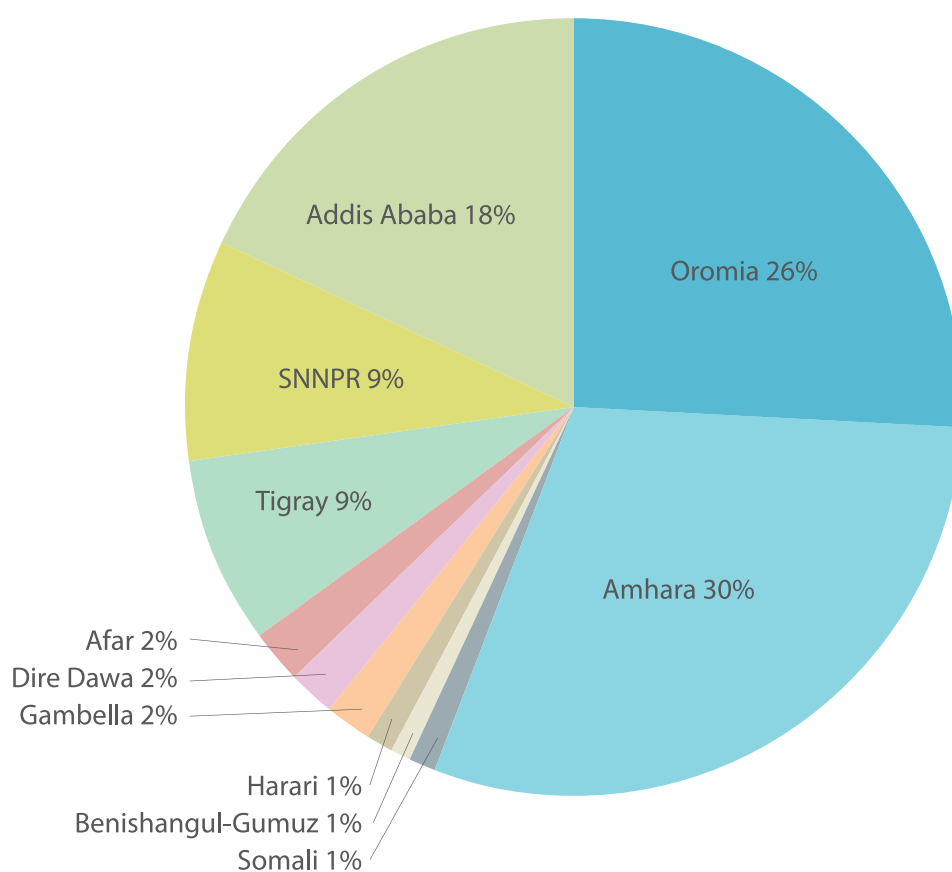
HIV Prevalence among men	HIV prevalence among women
• Age 15-49 is 0.6% • Peak is 1.6% at the age group 40-49 years	• Age 15-49 is 1.2% • Peak is 3% at the age group 40-44 years

The HIV epidemic in Ethiopia is heterogeneous by sex, geographic areas and population groups. Among women and men combined, HIV prevalence is seven times higher in urban areas than in rural areas (2.9 percent versus 0.4 percent). HIV prevalence is 3.6 percent among women in urban areas compared with 0.6 percent among women in rural areas. Seven out of the nine regional states and two city administrations have HIV prevalence above 1 percent. Looking at HIV prevalence by region, it is highest in Gambella (4.8 %), followed by Addis Ababa (3.4%), Dire Dawa (2.5%), and Harari (2.4%) (CSA and ICF, 2018).



In 2017, there were an estimated 613,000 people living with HIV, of whom 62 percent female, in Ethiopia. Notwithstanding the different prevalence rates in the regions, it is important to look at the absolute number of PLHIV per region as population size differs from one region to the other. Three fourths (74%) of PLHIV are from Amhara, Oromia and Addis Ababa. The following figure shows distribution of PLHIV by region.

Figure-3: Proportion of PLHIV by Region



Forty-nine percent of women and 69 percent of men know that consistent condom use and having sex with only one uninfected partner can reduce the risk of HIV infection; 58 percent of women and 77 percent of men know that using condom during sexual intercourse can reduce the risk of HIV. However, only 20 percent of women age 15-49 and 38 percent of men aged 15-49 have comprehensive knowledge about HIV transmission and prevention (CSA and ICF, 2018).

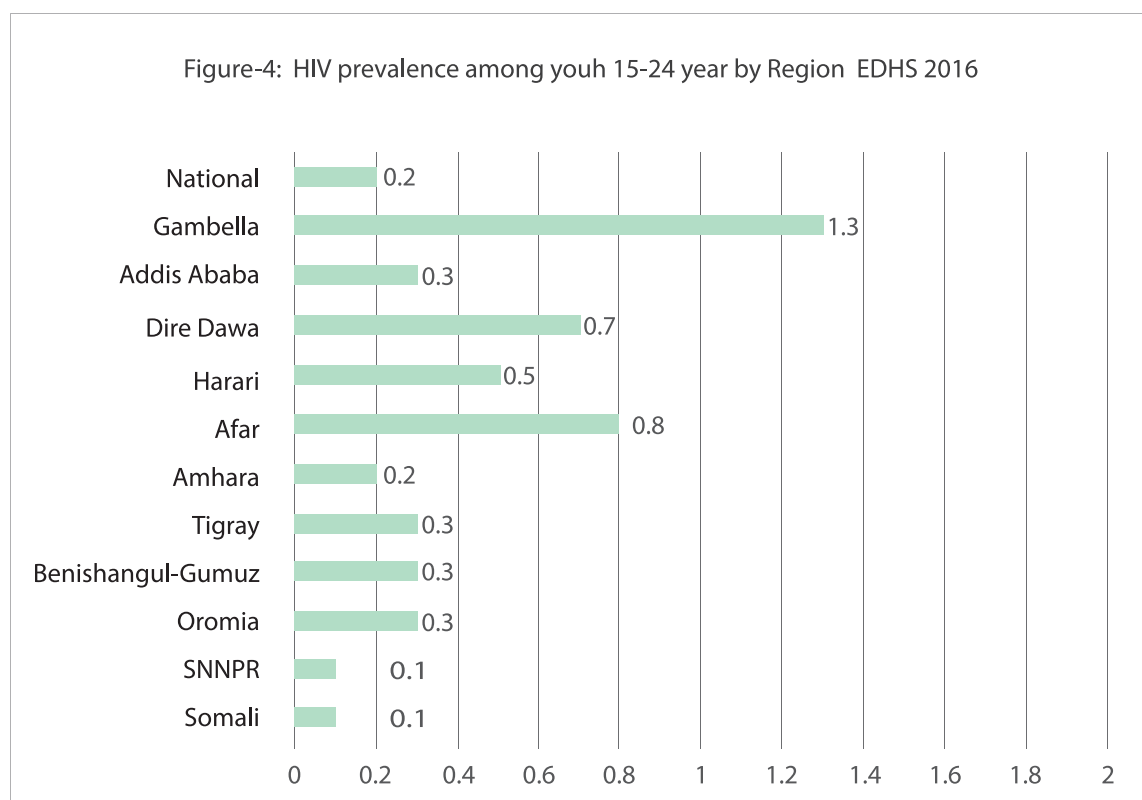
In EDHS 2016, 2 percent and 7 percent of women and men respectively reported to have had sexual intercourse in the past 12 months with a person who was neither their spouse nor lived with them. Condom use at last sexual intercourse among these adults with a non-regular and non-cohabiting partner in the past 12 months was 20 percent and 51 percent for women and men respectively (CSA and ICF, 2018).

In Ethiopia, there is widespread HIV-related stigma and discrimination among the population, which might adversely affect people's willingness to be tested as well as their initiation of and adherence to antiretroviral therapy (ART). For example, 55 percent of women and 47 percent of men said that they would not buy fresh vegetables from a shopkeeper who lives with HIV (CSA and ICF, 2018).

ADOLESCENT GIRLS, YOUNG WOMEN AND THEIR PARTNERS

According to population projections for 2017, adolescents and youth aged 10-24 account for one third of the population (31,426,691) and about half of them (15,485,880) are adolescent girls and young women aged 10-24 (CSA, 2013).

Overall, 0.2 percent of young women and men aged 15-24 are HIV-positive. HIV prevalence among adolescent girls and young women aged 15-24 is three times higher than boys in the same age (female 0.3% and male 0.1%). Among young women and men combined, HIV prevalence ranges from less than 0.1 percent in Somali to 1.3 percent in Gambella (CSA and ICF, 2018).



In Ethiopia, 24 percent of women aged 15-24 and 39 percent of men aged 15-24 have comprehensive knowledge of HIV. Significant proportion of young women (40%) and men (12%) 15-24 have sex before age 18. Nine percent of young men and three percent of young women had intercourse with a non-marital, non-cohabiting partner in the last 12 months. Condom use at last sex with a non-marital, non-cohabiting partner was 24 percent among young women and 55 percent among young men. Condom use at last sex with a non-marital, non-cohabiting partner is higher in urban areas than in rural areas (CSA and ICF, 2018).

KEY AND PRIORITY POPULATION GROUPS

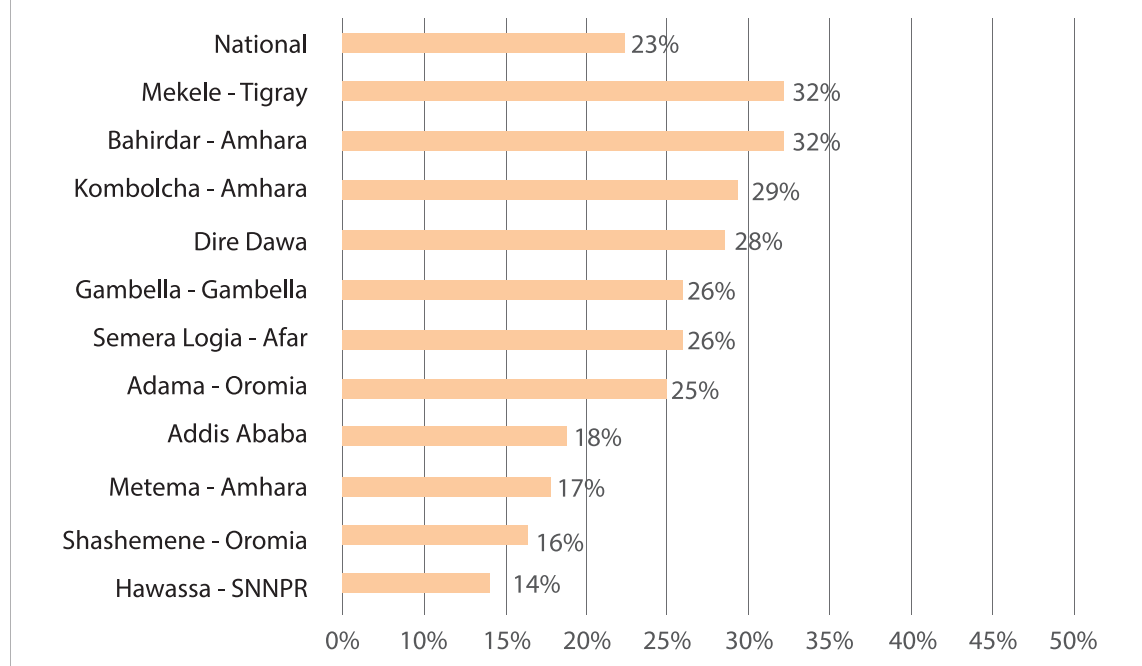
Ethiopia has defined its key and priority population groups taking local epidemiology into consideration. The key populations are female sex workers and prisoners. Priority populations are widowed, separated or divorced women; distance drivers; PLHIV and their partners; mobile and resident workers in hotspot areas. These population groups have high risk of HIV infection, limited access to services, and some face stigma and discrimination.

Figure-5: HIV prevalence and size estimates of key and priority populations in Ethiopia



HIV prevalence among key population groups varies in different geographic areas. The overall HIV prevalence among FSWs is 23 percent and it varies in different towns, ranging from 14 percent in Hawassa town to 32 percent in Mekele town (EPHI, EPHA and CDC, 2014).

Figure-6: HIV prevalence among Female sex workers in selected towns of Ethiopia (EPHI 2013)



5. OVERALL NATIONAL HIV RESPONSE

Between 2000 and 2017 Ethiopia has witnessed a marked reduction in HIV/AIDS morbidity and mortality (new HIV infections reduced by 90 percent and AIDS-related mortality among adults reduced by more than 50 percent) through its leadership commitment and country ownership of the HIV programme response. This is evidenced by the development of relevant policy frameworks; series of strategic plans; national policy and technical guidelines, and implementation plans aimed at strengthening the overall national response.

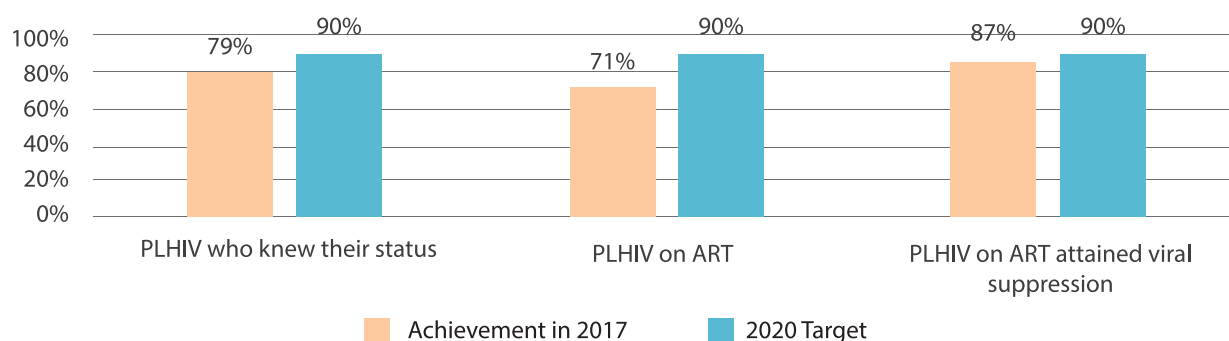
Cognizant of the health, social, economic and demographic impact of the epidemic, an HIV/AIDS policy was issued in 1998, followed by the establishment of the National AIDS Council in 2000 and the Federal HIV/AIDS Prevention and Control Office in 2002, creating a platform for leadership and coordination of the multisectoral response in the country. The series of five-year strategic frameworks or plans to intensify the multisectoral response to HIV/AIDS epidemic were Strategic Framework 2001-2005, SPM-I 2004-2008 and SPM-II 2010-2014. The current HIV/AIDS Strategic Plan 2015-2020, in an investment case approach, has four strategic objectives and four critical enablers.

Box-1: Strategic Objectives of Investment Case 2015-2020

1. Implement high impact and targeted prevention programmes
2. Intensify targeted HIV testing and counselling services
3. Attain virtual elimination of MTCT
4. Optimize and sustain quality care and treatment

In the development of the current HIV National Strategic Plan, the government of Ethiopia has adopted the global goal to attain the 90-90-90 targets: 90 percent of PLHIV know their status, 90 percent of PLHIV who know their status are on treatment (ART) and 90 percent of PLHIV on treatment have attained viral suppression. In Ethiopia as of May 2018, 79 percent of PLHIV knew their status; 71 percent of eligible PLHIV are on ART and 87 percent of those ART have attained viral suppression. However, viral load service coverage is 51 percent.

Figure-7: National HIV program 90-90-90s progress towards 2020 targets



6. THE SIX HIV PREVENTION PILLARS AND CRITICAL ENABLERS: CURRENT EFFORTS AND CHALLENGES

Pillar 1: Combination HIV prevention among adolescent girls and young women

There has been progressive national commitment to address adolescents and youth in general and adolescent girls and young women in particular. The Growth and Transformation Plan II, the HIV/AIDS Strategic Plan 2015-2020, the National Adolescents and Youth Health Strategic Plan 2016-2020, the National school health and nutrition strategy and the School health programme are among key national documents that emphasize this age group. The HIV/AIDS Strategic Plan 2015-2020 has given great emphasis to young people, especially to those who are enrolled in school, working at developmental schemes, or engaged in sex work.

In addition, the Plan of Action for the eradication of harmful traditional practices by 2025 is one of the strategies adopted by the Ministry of Women and Children, and addresses significant structural factors that contribute to the increase of new HIV infections among adolescent girls and young women. Ethiopia is one of the countries that ratified the Ministerial Commitment on comprehensive sexuality education and the sexual and reproductive health services for adolescents and young people in Eastern and Southern Africa, though its implementation status is not that satisfactory.

Moreover, national level service delivery packages, training materials and tools do exist. These include the minimum service delivery package for most at risk populations, adolescent and youth health implementation guidelines and training materials, and the youth centres service packages. There are youth centres in almost every district of the country. The Ministry of Youth and Sport, FHAPCO and FMOH, together with partners, have been working to build capacity to enable the youth centres to provide HIV/AIDS information, HIV testing services in some cases, and referral linkages with other service delivery outlets.

There are ongoing efforts to make youth-friendly service outlets available, including HIV prevention services at the health centres, as part of the National Health Service provision. With the launch of the National Adolescents and Youth Health Strategic Plan 2016-2020, these efforts will be further strengthened. In addition, the community structure of the Health Extension Programme (HEP) delivers 16 basic health service packages. Among these, HIV/TB is one of the packages with special emphasis on youth.

HIV/AIDS clubs at the primary and secondary schools provide information on HIV prevention for the students. HIV prevention messages are conveyed to millions of adolescent and youth using the peer education and group dialogue approaches. In addition, NGO-supported service outlets provide integrated reproductive health and HIV prevention services, adolescent and youth empowerment, and income generation activities. However, there are challenges that limit the access of adolescent girls and young women to quality combination prevention (Box-2).

Box-2: Challenges of HIV prevention targeting adolescent girls and young women

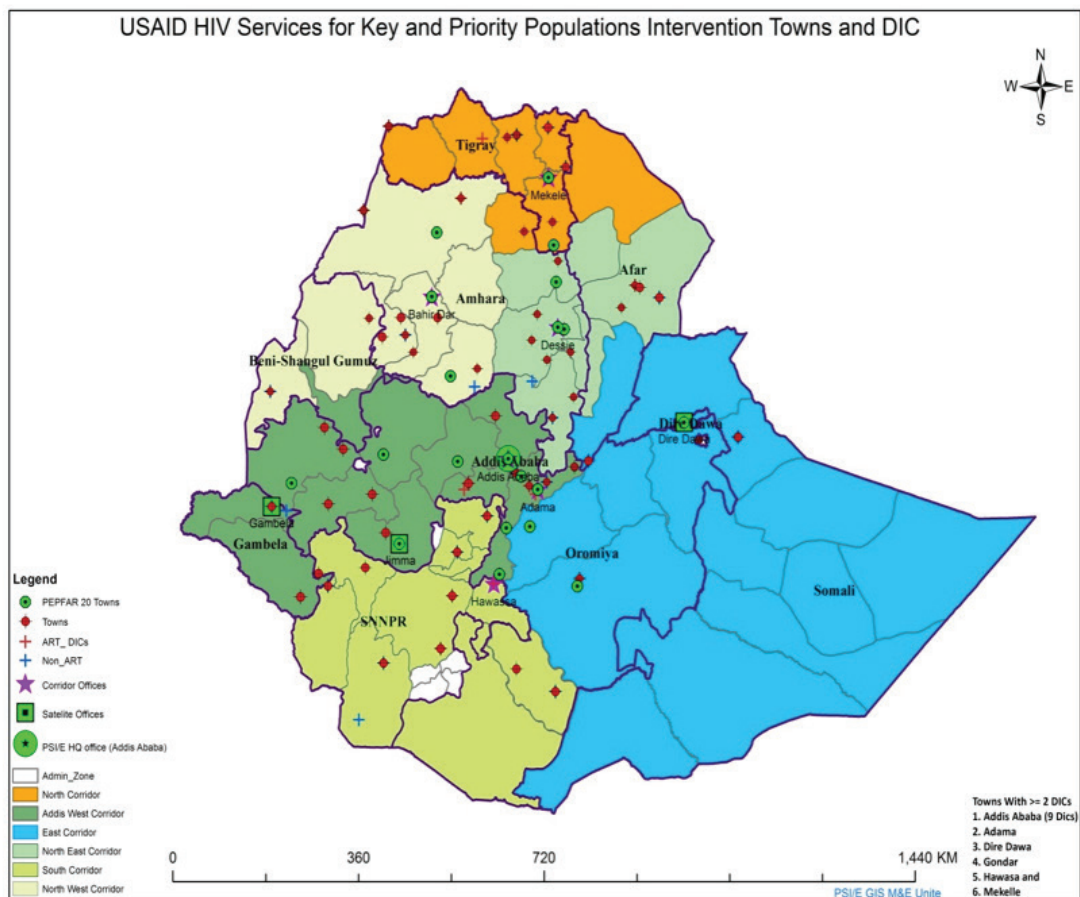
- Prevention programmes lack scale, focus and quality
- Lack of evidence-based, comprehensive and tailored intervention packages
- Limited access to adolescent and youth-friendly services
- Limited use of schools as a platform to reach the group (curriculum lacks life skills-based sexuality education and condom programming was very weak)
- Limited integration of SRH services and utilization of youth development centres
- Limited use of social and electronic media to reach adolescents
- Limited interventions to address structural barriers
- There are many SBCC tools but a lack of evaluation of their effectiveness

Pillar -2: Combination HIV prevention among key and priority population groups

Implementing high impact HIV prevention interventions targeting key populations is one of the four strategic objectives of the current HIV/AIDS Strategic Plan. The Strategic Plan aims to implement combination prevention interventions targeting key and priority population groups, i.e. female sex workers, prisoners, distance drivers, divorced, separated, widowed women, migrant, seasonal and daily laborers in hotspot areas, as well as PLHIV and their partners, and serodiscordant couples.

A range of prevention interventions have been implemented targeting key and priority population groups, particularly social behavioural change communication, condom promotion and distribution, HIV testing services through the Catch-up Campaign and other routine services.

Drop-in centres (DIC) were established in major towns in the country to provide comprehensive HIV prevention, care and treatment services to female sex workers. About two thirds (69%) of FSWs were reached with HIV prevention interventions.



However, the HIV prevention programme targeting key and priority populations was limited in quality and coverage. The following are challenges of HIV prevention targeting key and priority populations:

Box-3: Challenges of HIV prevention targeting key populations

- Lack of disaggregated and updated data (size estimate, behaviour, biological, programmes for the different population groups)
- The list of MARPs includes many different populations and, as a result, it was difficult to reach all of them. More targeting is needed.
- Prevention program targeting key and priority population groups were limited in scale and quality
- Lack of updated, comprehensive and tailored intervention packages
- Limited access to key and priority population-friendly services in health facilities
- There have been no strong mechanisms to protect FSWs from GBV

Pillar 3: Strengthen Condom Programmes

Condoms have been a central part of the HIV prevention programme in Ethiopia since the beginning of the response to the HIV epidemic.

The country adopts a total marketing strategy for condom distribution, which encompasses free condoms, social marketing and commercial distribution. However, there was no condom imported and distributed through private sector, which should be encouraged to ensure sustainability of condom programming.

Condom demand creation and condom skills building have been part of the overall social and behavioural change communication programme. Condoms have been distributed through various outlets (health facilities, pharmacies, shops, workplaces and others). Free condom distribution largely targeted key and priority populations such as female sex workers, distance drivers and PLHIV. About 150 million condoms were distributed in 2017.

There have been remarkable achievements in improving condom use at high risk sex in the past few years. However, there are a range of challenges to condom programming in the country that can deter progress. Major ones are outlined in Box-4.

Box-4: Challenges of Condom Programme

- Delay in finalization of the national condom strategy
- Ministry of Education does not allow condom promotion and distribution at secondary schools
- Condom distribution is not coupled with building condom use skills
- Shortage of budget to meet the national condom demand
- Limited participation of private sector for commercial procurement and distribution of condom (the lengthy quality testing process discourages private sectors engagement);
- Procurement of low quality condoms leads to stock-out
- Lack of condom stock tracking and redistribution mechanisms
- Low availability and use of female condoms

Pillar 4: Voluntary Medical Male Circumcision (VMMC)

Male circumcision is a common practice in Ethiopia among the general population, except in Gambella Regional State and some pockets of SNNP Regional State. On the other hand, HIV prevalence is high in Gambella Regional State (4.8%). Therefore, VMMC is considered to be one of HIV prevention intervention strategies in Gambella Regional State.

VMMC has been implemented in Gambella Regional State since 2008, targeting adult males (15+ years) first and gradually adolescent boys (10-14 years). The cumulative number of VMMC up to 30 September 2017 is 76,649, of whom 5,290 are boys (10-14 years).

Box-5: Challenges of Voluntary Medical Male Circumcision

- The current VMMC program in Gambella region doesn't cover infants and children below 10 years
- Lack of commitment of political leadership at regional level
- Weak community engagement and mobilization to support VMMC
- Inadequate SBCC efforts to create demand and address social and cultural barriers to male circumcision
- Lack of integration of VMMC in primary health care services and limited capacity of the IPs to perform VMMC at scale

Pillar 5: Pre-exposure prophylaxis (PrEP)

In September 2015, WHO recommended the use of daily oral pre-exposure prophylaxis as prevention choice for people with substantial risk of HIV infection, as part of combination prevention approaches. Based on this fact, different partners working in low and middle-income countries initiated implementation of PrEP among key population groups. While offering PrEP to those at substantial risk of HIV infection, the guiding principle is to adopt a public health, human rights- based and people-centered approach.

Based on the global recommendations and country situation, Ethiopia has acknowledged PrEP as one of the key prevention pillars. The country is undertaking preparations to operationalize the recommendation.

Pillar 6: Prevention and control of sexually transmitted infections (STIs)

Overall STIs prevention and control has been part of all national HIV prevention and control strategies and has been integrated in the HIV prevention services of health facilities. There are national service delivery guidelines and training manuals. Case-based STI surveillance was started as a pilot in 2013. Currently there are only 20 sentinel surveillance sites in the case-based STI surveillance.

There is high prevalence of STIs in the country - about 4 per cent of women and men aged 15-49 reported having STI symptoms in the past 12 months of the survey, as stated in the EDHS 2016. While early diagnosis and treatment of STIs is an essential part of combination prevention interventions, less than one in three women and men (32 percent for each) with STI symptoms sought advice or treatment.

Box-6: Challenges of STIs prevention and control

- Fee-based STI treatment limits access of adolescents, young girls and key populations
- Very weak partner notification and treatment
- Patients at health facilities are not screened and treated for STIs
- Weak SBCC on STIs at community level
- Few surveillance sites, gaps in STI data quality and completeness
- Infrequent antibiotic resistance monitoring
- Stock-outs of STI drugs and supplies

Critical enablers

Achieving the targets set around the six pillars of the Road Map requires an enabling environment. Critical enablers essential for the HIV Prevention response include supportive leadership and policy, partnership among key stakeholders, strategy and capacity to mobilize resources (external and domestic) and strategic information.

The National HIV Strategic Plan 2015-2020 capitalized on these critical enablers, with efforts to ensure a conducive policy environment and leadership. There are various partnership forums and sub-forums at national and regional levels.

The multisectoral response capitalizes on HIV mainstreaming in all sectors. A policy directive was issued to mainstream HIV interventions with guidance to allocate up to two percent of the annual budget of sectors to the HIV programme.

FHAPCO has been mobilizing resources by large from external sources. However, reduction of external funds threatens the sustainability of gains in the HIV response in the country. The phase out of donor funds is already affecting HIV programme interventions among key and priority population groups. Thus, a phased transition to alternative funding to ensure the sustainability of the programmes is critical.

Routine service data collection, analysis and reporting are carried out through HMIS, MRIS, and laboratory and supplies information systems. In addition, the country has been conducting a series of surveillances and surveys such as ANC Surveillance and Demographic Health Surveys.

Box--7: Challenges of critical enablers

- Policy, Leadership and Partnership
- The National AIDS policy is not revised/updated to address new developments such as pre-exposure prophylaxis, self-testing and others
- Lack of accountability mechanism to enforce HIV mainstreaming across sectors, including the 2 percent budget allocation
- Complacency on HIV response after gains attained during the past two decades
- Weakened or non-existing multisectoral coordination bodies (NAC, RAC, ZAC, WAC)
- Shortage of human resource at woreda and regional HAPCOs
- Underfinancing and weak engagement of PLHIV associations, CSO, CBO & FBO
- No partners are mapping by geography, focus area/target population and type of interventions.

Strategic Information/Monitoring and Evaluation

- Lack of consolidated documentation, repository and dissemination of strategic information, lessons learned and good practices
- Gaps in MRIS data, including age and population disaggregation, completeness, reliability and validity
- Lack of data quality assurance and accountability at all levels
- Lack of operational researches to evaluate effectiveness of programs
- Limited use of data for local decision making;
- Weak IT system and infrastructure

Financial Resources

- Underfinancing of the HIV prevention response
- Declined resources from GF, PEPFAR & others
- Lack of allocative efficiency studies to guide programming
- Lack of sustainability strategy to cope with donor funding cuts
- Limited efforts to diversify funding sources, particularly domestic financing
- Weak timely fund utilization, liquidation and resource tracking

7. GEOGRAPHIC AND POPULATION PRIORITIES OF THE ROAD MAP

The HIV prevention response will focus on adolescent girls, young women and their partners, key and priority population groups that include female sex workers, prisoners, distance drivers, divorced and widowed women, PLHIV and their partners, and mobile and resident workers at hotspot areas. However, the general population will continue to be reached with social behavioural change communication through media and HIV prevention interventions, integrated with health extension programme and the women development army.

As indicated earlier, the HIV burden in Ethiopia varies across regions, by residence, and population groups. It is higher in some regions, and the urban prevalence is disproportionately high compared to the rural. Even within the low prevalence regions, some districts or towns have high HIV prevalence. In an effort to focus on high-burden geographic areas and population groups, the country has identified 200 towns/districts with relatively high HIV burden as geographic priorities, through analysis of surveillance and programme data and consultation of key stakeholders. Therefore, the HIV prevention response will focus on these 200 high-burden districts (list annexed). The list may be updated based on new information.

Figure-8: Geographic and population priorities by key prevention intervention



8. NATIONAL HIV PREVENTION KEY MILESTONES 2018-2020

Table-1: National HIV prevention milestones 2018-2020

Pillar	Intervention	Time Frame			Responsible Lead
		2018	2019	2020	
Combination prevention for adolescent girls, young women & their male partners	Design and implement evidence based and comprehensive HIV/SRH intervention packages	X	X	X	HAPCO
	Scale up implementation of school health programme. Deliver package of interventions, including condom promotion at school (engage MOE and implement intra- and extracurricular SBCC and condom promotion)	X	X	X	MOE/ HAPCO
	Scale up AYFS across health facilities in high burden geographic areas	X	X	X	MOH
	Improve scope and quality of HIV/SRH services of youth development centres and its utilization by adolescent girls and young women	X	X	X	MoYS
	Implement interventions that address structural barriers (community sociocultural norms, gender/GBV, poverty) through community structures - HEW/HDA	X	X	X	MoWCA
	Enhance the use of social media, mass and mini media to reach adolescent girls, young women and their partners	X	X	X	HAPCO & Media
	Strengthen youth-led community-based organization like youth clubs/associations	X	X	X	MoYS
	Conduct gender assessment to understand the different needs of AGYW	X	X	X	MoWCA
Combination prevention for key and priority population groups (KPPG)	Update and implement HIV interventions packages to each key and priority population (KPP)	X	X	X	HAPCO
	Scale up friendly services for KPP at health facilities	X	X	X	MOH
	Strengthen and scale up partner services (index case testing)	X	X	X	MOH
	Conduct integrated bio-behavioural surveys (IBBS) and size estimation on KPP, including people with drug use	X	X	X	EPHI
	Scale up structural prevention interventions (stigma and discrimination, protection, gender, economic strengthening)	X	X	X	HAPCO
	Identify and scale up new HIV prevention interventions and delivery platforms targeting key and priority population groups	X	X		HAPCO/ MOH

Pillar	Intervention	Time Frame			Responsible Lead
		2018	2019	2020	
Strengthen national condom programmes	Finalize the national condom strategy and monitor its implementation	X	X	X	HAPCO
	Improve accessibility and use of male and female condoms (expand and diversify condom distribution outlets targeting KPPG)	X	X	X	HAPCO
	Conduct operational research to promote condom use		X		EPHI
	Establish condom programme coordination mechanisms at national and regional level	X	X		HAPCO
	Improve condom quantification and procurement mechanisms	X			PFSA
	Strengthen condom stock tracking and redistribution mechanisms	X	X	X	MOH
Voluntary medical male circumcision (VMMC)	Conduct evidence-based advocacy to engage political leaders at Gambella and selected sites in SNNP Region	X			HAPCO
	Build capacity and integrate VMMC into primary health care service		X	X	MOH
	Provide male circumcision to infants, children and adults	X	X	X	MOH
	Conduct community mobilization (community conversation) and SBCC to make male circumcision a common practice	X	X	X	HAPCO
PrEP	Pilot and scale up PrEP program for KPP (FSWs and discordant couples)		X	X	FMOH
STIs	Implement comprehensive and consistent SBCC programme on STIs and their relation with HIV	X	X	X	HAPCO
	Increase accesses to free and quality STIs services	X	X	X	MOH
	Improve STIs surveillance data coverage and quality	X	X	X	MOH

Pillar	Intervention	Time Frame			Responsible Lead
		2018	2019	2020	
Leadership and governance	Revise the national HIV/AIDS policy		X		HAPCO
	Establish National HIV Prevention Coalition and revitalize other national and subnational coordination platforms	X	X	X	HAPCO
	Improve number and professional mix and retention of human resources to coordinate the MSR of HIV	X	X	X	HAPCO
	Establish and implement mainstreaming enforcement mechanism	X	X	X	HAPCO
	Strengthen capacity and engagement of media/ CBO/CSO/ PLHIV in planning, implementation, monitoring and evaluation of HIV prevention interventions	X	X	X	HAPCO
Partnership	Conduct mapping of partners by geographic area, population groups targeted and type of interventions	X			HAPCO
	Revitalize partnership forum at all levels	X			HAPCO
Strategic information / M&E	Generate routine programme data disaggregated by age, sex, population (key and priority population groups)	X	X	X	MOH and HAPCO
	Strengthen data quality including establishment of accountability mechanisms	X	X	X	MOH and HAPCO
	Build capacity and monitor the local use of data for decision-making	X	X	X	MOH and HAPCO
	Conduct programme evaluation of key prevention interventions			X	EPHI
	Identify and strengthen platforms for repository and dissemination of strategic information	X	X		HAPCO
Resource mobilization	Develop and implement sustainability plan for HIV prevention programmes	X			HAPCO
	Build capacity and diversify funding sources for HIV prevention (government budget, community contribution and new funding sources)	X	X	X	HAPCO
	Create accountability mechanism to enforce 2% budget allocation and effective utilization (create account code and develop guidelines)	X	X	X	HAPCO

9. NATIONAL HIV PREVENTION RESULTS FRAMEWORK

Table-2: National HIV prevention Road Map 2020: Impact Indicators

No.	Indicators	Source of data	Base-line (2016)	2020 Target	Remark
IMI1	Estimated number of new HIV infections among aged 15-49 years				
General population	Total	Spectrum projection(New)	9,826	4,913	50% reduction from the 2016 baseline
	Women		6,388	3,194	
	Men		3,438	1,719	
	Estimated number of new infections among young people aged 15-24 years				
Young people	Total	Spectrum projection(New)	4,351	2,175	50% reduction from the 2016 baseline
	Women		3,147	1,573	
	Men		1,203	601	
IMI2	Percentage of key and priority population who are HIV infected				
Key and priority population (KPP)	Female sex workers	National key population HIV Bio-behavioural surveillance round-I, 2013 report, EPHI	23	18.4	20% reduction from 2013 baseline
	Distance drivers		4.6	3.7	
	Prisoners	HIV situation in prison settings. 2013. UNODC, UNAIDS, EFPA	4.2	3.4	
	Widowed	EDHS-2016	10.9	8.7	20% reduction from 2016 baseline
	Partners of PLHIV		28	22.4	
		Mobile workers	CUI 2017	1.5	

Table-3: National HIV prevention Road Map 2020: Outcome Indicators

No	Indicators	Source of data	Baseline (2016)	2020 target	Remark
	Multiple sexual partnership				
OC1	Percentage of women and men who have had sexual intercourse with more than one partner in the past 12 months				
General population	Women 15-49 years	EDHS 2016	0.3	0.1	SPM target
	Men 15-49 years		3.4	1	
Young people	Women 15-24 years		0.3	0.1	SPM target
	Men 15-24 years		1.8	1.0	
	Condom use				
OC2	Percentage of women and men who report using a condom during their last intercourse with a non-regular partner (with a non-marital, non-cohabiting partner)				
General population	Women 15-49 years	EDHS 2016	20.4	80	SPM target
	Men 15-49 years		51.0	80	
Young people	Women 15-24 years		21.8	80	
	Men 15-24 years		50.5	80	
General population	Percentage of men aged 15-49 reporting that a condom was used the last time they paid for sexual intercourse		81	98	
Key population	Percentage of FSWs reporting condom use with most recent sex	EPHI 2013	93	100	
	STIs Prevention and control				
OC3	Percent of people who reported STIs symptoms in the past 12 months				
General population	Women 15-49 years	EDHS 2016	3.9	1.95	50% reduction from 2016 baseline
	Men 15-49 years		3.6	1.8	
	Male circumcision				
OC4	Percentage of men aged 15-49 who are circumcised				
	National	EDHS 2016	91	NA	Based on global Road Map target
	SNNP		84.6	90	
	Gambella		76.0	90	

No	Indicators	Source of data	Baseline (2016)	2020 target	Remark
	The three 90s				
OC5	% of people living with HIV who know their status	HMIS 2017	79	90	Based on global target(Three 90's)
OC6	% of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV		71	90	
OC7	% of people on ART who have achieved virological suppression (<1,000 copies/ml) at 12 months after initiating treatment	EPHI 2017	87	90	
	Gender				
OC8	% girls completing lower secondary education	MOE	54.3	74	ESDP V-2015/16-2019/20 target
OC9	% of women who experienced intimate partner /spousal violence	EDHS 2016	33.8	17	50% reduction from baseline
OC10	Percentage among women and men aged 15-49 with discriminatory attitudes towards people living with HIV				
	Women	EDHS 2016	63	31	50% reduction from baseline
	Men		53	27	

Table-4: National HIV Prevention Road Map 2020: Output Indicators

No	Indicators	Source	Baseline (2016)	2020 target	Remark
OP1	Number of high-prevalence districts covered with comprehensive prevention programmes	CUC document	200	200	A total of 200 high-burden districts from all regions identified as geographic priorities
OP2	Number of key and priority population groups reached with HIV prevention SBCC interventions (disaggregated by population type)				
KPP	Female sex workers	SPM	74,301	144,000	90% of the total KPP targeted to be reached by 2020
	Distance drivers	SPM	13,500	13,500	
	Prisoners	SPM	40,167	76,500	
	PLHIV	SPM	405,000	500,087	
	Widowed and divorced urban women	SPM	Not Available	269,020	
	Mobile workers	SPM	590,207	900,000	
OP3	Adolescent girls and young women (AGYW) reached with dedicated package of HIV prevention services				
AGYW	Number of AGYW in the 200 high prevalence districts reached with dedicated HIV prevention package in the past 12 months	MRIS	Data not available	1,711,020	90% of AGYW in 200 high- burden woredas/districts
	Condoms distributed				
OP4	Number of condoms distributed in the reporting period	MRIS	148,074,763	200,000.000	SPM target
OP5	Percentage of condoms distributed to KPP in the reporting period	MRIS	49.3	50	SPM target
	Prevention financing				
OP6	% of total HIV expenditure allocated for prevention	NASA 2012	19 (2012)	25	Global target

10. PARTNERSHIP AND COORDINATION

The Federal HIV Prevention and Control Office, which is accountable to the Federal Ministry of Health, is responsible for the overall coordination of the HIV response in the country. Coordination of a multisectoral HIV response is guided by the HIV/AIDS Strategic Plan 2015-2020. The country's HIV response coordination is guided by the principle of the Three Ones - one plan, one coordination mechanism and one monitoring and evaluation.

There are different partnership forums and sub-forums at federal and regional level (members being NGOs, GOs, FBOs, private and PLHIV associations) supporting HIV programmes. There are also federal and regional level HIV prevention advisory groups (partners involved).

A National HIV Prevention Coalition will be established with an advisory role for policy, advocacy, resource mobilization and oversight of the implementation of the Road Map. Coalition members will include relevant government sectors, development partners, civil society organizations and private sector. The existing national HIV prevention advisory groups (NaHPAG) will provide technical support to the Coalition.

Joint planning, joint supportive supervision and joint review meetings at federal and regional level will bring together a range of key actors from the above-mentioned organizations. The roles and responsibilities of key actors in coordination will be as follows:

Roles and Responsibilities

Ministry of Health (MOH) and Regional Health Bureaux (RHBs)

The Federal Ministry of Health will oversee the overall implementation of HIV prevention interventions. The regional health bureaux, woreda health offices and health facilities will be responsible for the coordination of the planning, implementation, monitoring and evaluation of health sector HIV prevention services, including HTC, STIs, VMMC, PrEP blood safety and condoms programmes. The following are the specific roles and responsibilities of FMOH/RHB/WoHO/health facilities:

- Plan, implement, monitor and evaluate health sector response of HIV prevention services
- Provide HIV prevention services, including HCT, STIs, VMMC, PrEP, blood safety and condom services
- Scale up adolescents, youth and KPP-friendly SRH services at health facilities
- Coordinate HMIS data flow, analysis and reporting on HIV prevention interventions
- Lead and coordinate regular joint supportive supervision and review meetings on health sector response on HIV prevention interventions
- In collaboration with FHAPCO, document and disseminate lessons learned and good/best practices on HIV prevention

HIV Prevention and control offices

The federal, regional and woreda HIV prevention and control offices will be responsible for the overall coordination of HIV prevention Road Map, translation into costed annual plans, and implementation, monitoring and evaluation of the same. The following are specific roles and responsibilities of HAPCOs:

- Provide guidance and facilitate translation of the prevention Road Map into costed plan of action in all regional states
- Coordinate the implementation of the prevention Road Map at all levels and by all implementing actors
- Guide the HIV mainstreaming in government and private sectors and ensure accountability

- Lead and coordinate partnership forums and sub-forums, including mapping of partners working at all levels
- Support and ensure engagement of CSO, FBO and CBOs in the HIV prevention response
- Support and coordinate the non-health sector HIV prevention interventions, including HIV mainstreaming in all government and private sectors
- Coordinate resource mobilization efforts including domestic resources; support effective and efficient utilization of resources for HIV prevention interventions
- Lead and coordinate regular joint supportive supervision and review meetings
- Coordinate MRIS data flow, analysis and reporting
- Coordinate generation of strategic information
- Document and disseminate lessons learned and good/best practices on HIV prevention

Government and Private Sectors

All federal, regional and woreda government sector offices and private sector will be responsible for mainstreaming HIV prevention and control activities. They will identify key population groups; prepare plan, allocate budget, implement; monitor and evaluate HIV prevention interventions in their respective organizations.

Donors and Development Partners

International and local development partners should provide meaningful financial and technical support in the planning, implementation, monitoring and evaluation of the prevention Road Map. The following will be specific roles and responsibilities of donors and development partners:

- Provide technical support in the implementation, monitoring and evaluation of the Road Map.
- Provide capacity building support to federal, regional and woreda level key actors
- Provide financial support (mobilize and avail resources for primary prevention)
- Introduce and promote innovative HIV prevention interventions targeting key and priority population groups
- Participate and support partnership and coordination efforts among the different actors
- Support generation and dissemination of strategic information
- Support documentation and dissemination of lessons learned and good/best practices on HIV prevention

Civil Society Organizations and Community

Community and civil society organizations will be responsible for implementation of HIV prevention interventions at grass-roots level. Civil society organizations will be responsible for building community capacity and mobilizing communities to plan, implement, and monitor and evaluate HIV prevention interventions. The community will be responsible for being organized, mobilizing local resources and implementing HIV prevention interventions targeting key and priority population groups. The following will be the specific roles and responsibilities of civil society organizations:

- Build community capacity and mobilize the same for action
- Support local resource mobilization and effective utilization of available funds, including collaboration with small and micro enterprises

- Plan, implement, monitor and evaluate HIV prevention interventions targeting adolescent girls, young women and key and priority population groups
- Collection and reporting of MRIS data to respective government offices
- Participate in joint supportive supervision and review meetings
- Document and disseminate lessons learned and good/best practices on HIV prevention

Media

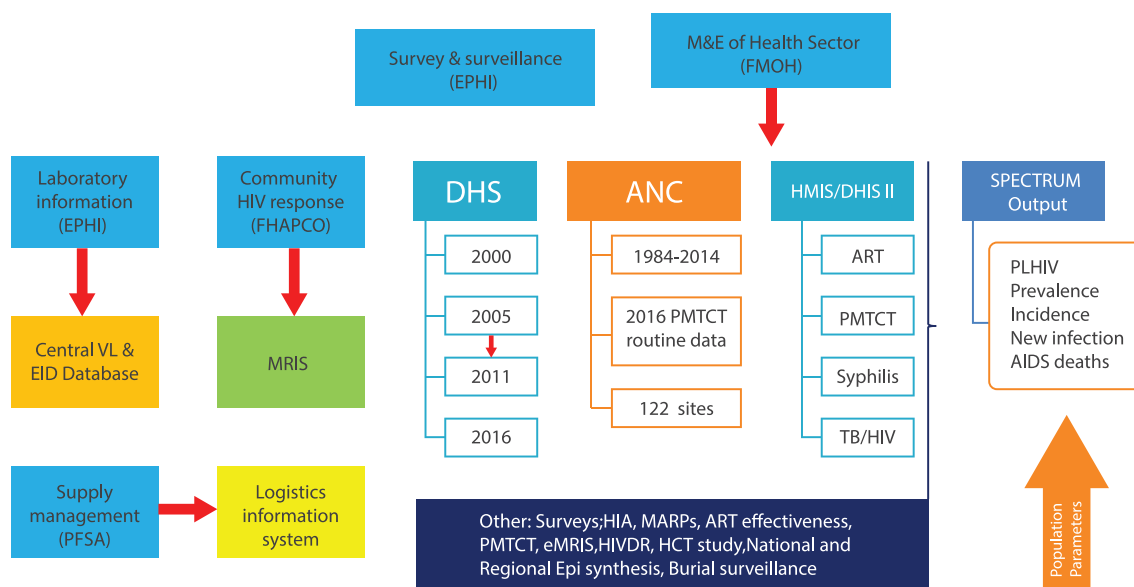
Media at all levels will mainstream HIV prevention activities in their respective offices. The media will play its corporate social responsibility role, which includes providing HIV prevention information, creating a sense of responsibility for the different sectors and communities, and eventually mobilizing public action.

11. MONITORING AND ACCOUNTABILITY MECHANISMS

Overall FHAPCO is responsible for coordinating, monitoring and evaluating HIV prevention and also for generating and disseminating strategic information. Federal, regional and woreda HIV prevention and control offices/health offices are responsible for coordinating the community level multisectoral response information system (MRIS).

FMOH, RHBs, Woreda health offices and health facilities are responsible for health services HIV response data collection, data flow through HMIS, data analysis and reporting. Under the Federal Ministry of Health, the Ethiopia Public Health Institute (EPHI) is responsible for coordinating and implementing surveys, surveillances and laboratory information. Under the Federal Ministry of Health, PFSA is responsible for managing supplies-related information. The following diagram outlines the key data sources and responsible organs.

Figure-8: HIV response monitoring and accountability mechanism



FHAPCO is responsible for coordinating the national annual joint supportive supervision and bi annual joint review meetings. RHAPCO or RHB is responsible to coordinate quarterly joint supportive supervision and biannual joint review meetings. Data verification during supportive supervision will ensure data quality. Various M&E guidelines/ manuals exist to guide the implementers and coordinating offices. There are standard electronic and hard copy recording and reporting forms for HMIS and MRIS.

12. COST OF NATIONAL HIV PREVENTION 2018-2020

Table-5: Cost of National HIV prevention 2018-2020 and financing gap

S.No	Cost Item	Annual Cost (ETB)			Total Cost ETB (7/2018-6/2021)	Total Cost USD (7/2018-6/2021)	Budget secured for 7/2018-6/2021 ETB	Budget Gap 7/2018-6/2021 ETB	Budget Gap 7/2018-6/2021 USD
1	Combination prevention for AGYW	64,093,724	65,653,724	65,653,724	195,401,172	7,066,950	64,049,657	131,351,515	4,741,932
2	Combination prevention for KPP	280,425,256	286,841,923	292,076,487	859,343,665	31,023,237	713,861,290	145,482,376	5,252,071
2.1	Female sex workers	134,154,000	134,154,000	134,154,000	402,462,000	14,529,314	388,964,046	13,497,954	487,291
2.1.1	Social behavioural change communication	54,954,000	54,954,000	54,954,000	164,862,000	5,951,697	151,364,046	13,497,954	487,291
2.1.2	HIV testing services	7,200,000	7,200,000	7,200,000	21,600,000	779,783	21,600,000	0	-
2.1.3	Vocational training and start-up capital	72,000,000	72,000,000	72,000,000	216,000,000	7,797,834	216,000,000	-	-
2.2	Prisoners	5,485,500	6,085,500	6,085,500	17,656,500	637,419	5,967,000	11,689,500	422,004
2.2.1	Social behavioural change communication	3,496,500	4,096,500	4,096,500	11,689,500	422,004		11,689,500	422,004
2.2.2	HIV testing services	1,989,000	1,989,000	1,989,000	5,967,000	215,415	5,967,000	0	-
2.3	Widowed and divorced women	63,704,529	63,704,196	67,255,260	194,663,985	7,027,581	159,797,213	34,866,772	1,258,728
2.3.1	Social behavioural change communication	10,438,569	10,438,569	13,989,633	34,866,772	1,258,728	0	34,866,772	1,258,728
2.3.2	HIV testing services (HTS)	3,945,627	3,945,627	3,945,627	11,836,880	427,324	11,836,880	-	-
2.3.6	Vocational training and start-up capital	49,320,333	49,320,000	49,320,000	147,960,333	5,341,528	147,960,333	-	-
2.4	Mobile workers	43,362,840	44,112,840	44,112,840	131,588,520	4,750,488	131,588,520	-	-
2.4.1	Social behavioural change communication	18,150,000	18,900,000	18,900,000	55,950,000	2,019,856	55,950,000		
2.4.2	HIV testing services	25,212,840	25,212,840	25,212,840	75,638,520	2,730,632	75,638,520	0	-
2.5	Distance drivers	1,664,000	1,664,000	1,664,000	4,992,000	180,217	1,620,000	3,372,000	121,733
2.5.1	Social behavioural change communication	1,124,000	1,124,000	1,124,000	3,372,000	121,733	0	3,372,000	121,733

S.No	Cost Item	Annual Cost (ETB)			Total Cost ETB (7/2018- 6/2021)	Total Cost USD (7/2018- 6/2021)	Budget secured for 7/2018 -6/2021 ETB	Budget Gap 7/2018- 6/2021 ETB	Budget Gap 7/2018- 6/2021 USD
2.5.2	HIV testing services	540,000	540,000	540,000	1,620,000	58,484	1,620,000	-	-
2.6	PLHIV and Partners	24,370,887	24,370,887	24,370,887	73,112,660	2,639,446	25,924,510	47,188,150	1,703,543
2.6.1	Social behavioural change communication	15,729,383	15,729,383	15,729,383	47,188,150	1,703,543	0	47,188,150	1,703,543
2.6.2	HTS for partners	8,641,503	8,641,503	8,641,503	25,924,510	935,903	25,924,510	0	-
2.7.1	Train providers on KPP-friendly service provision	1,683,500	5,050,500	6,734,000	13,468,000	486,209	-		
2.7.2	Establish KPP-friendly services at health facilities	6,000,000	7,700,000	7,700,000	21,400,000	772,563	-		
3	Condom programming	144,227,252	151,818,160	151,818,160	447,863,572	16,168,360	54,015,000	393,848,572	14,218,360
4	Voluntary medical male circumcision	8,946,720.51	8,946,721	8,946,720.51	26,840,162	968,959	17,343,192	9,496,970	342,851
5	Pre-exposure prophylaxis	1,163,750	56,683,298	113,366,596	171,213,644	6,180,998	0	171,213,644	6,180,998
5.1	Provide PrEP to discordant couples	581,875	18,953,298	37,906,596	57,441,769	2,073,710	0	57,441,769	2,073,710
5.2	Provide PrEP to female sex workers	581,875	37,730,000	75,460,000	113,771,875	4,107,288	0	113,771,875	4,107,288
6	STIs programming	5,400,000	9,600,000	9,200,000	24,200,000	873,646	18,000,000	6,200,000	223,827
	Sub-Total for the six pillars	504,256,703	579,543,825	641,061,687	1,724,862,215	62,269,394	867,269,138	857,593,076	30,960,039
7	Critical enablers								
7.1	Leadership, Mainstreaming and coordination	6,700,000	4,200,000	4,200,000	15,100,000	545,126	0	15,100,000	545,126
7.1.1	Policy and strategy revision and dissemination	1,000,000	1,000,000	1,000,000	3,000,000	108,303	0	3,000,000	108,303
7.1.2	Establish National and Regional Coalition/Forums	2,500,000			2,500,000	433,213	0	2,500,000	90,253
7.1.3	Conduct advocacy among key stakeholders	3,200,000	3,200,000	3,200,000	9,600,000	346,570	0	9,600,000	346,570
7.2	Strategic information /M&E	10,050,000	51,600,000	11,550,000	73,200,000	2,768,953	49,231,044	23,968,956	865,305

72.1	Conduct KPP bio-behavioural survey (IBBS)		41,550,000		41,550,000	1,500,000	11,080,000	30,470,000	1,100,000
S.No	Cost Item	Annual Cost (ETB)			Total Cost ETB (7/2018-6/2021)	Total Cost USD (7/2018-6/2021)	Budget secured for 7/2018-6/2021 ETB	Budget Gap 7/2018-6/2021 ETB	Budget Gap 7/2018-6/2021 USD
72.2	Joint Supportive Supervision Federal	450,000	450,000	450,000	1,350,000	48,736	38,151,043	0	0
72.3	Joint Review Meeting Federal	3,000,000	3,000,000	3,000,000	9,000,000	324,910			
72.4	Joint Supportive Supervision Regional 2/Year 11 regions	2,200,000	2,200,000	2,200,000	6,600,000	238,267			
72.5	Joint Review Meeting Regional 2/year 11 regions	4,400,000	4,400,000	4,400,000	13,200,000	476,534			
72.6	Final evaluation of SPM and Road Map			1,500,000	1,500,000	476,534			
73	Gender	8,434,500	10,788,000	10,788,000	30,010,500	1,083,412	174,510	29,835,990	1,077,112
73.1	Training health workers on GBV	2,353,500	4,707,000	4,707,000	11,767,500	424,819			
73.2	Training law enforcement, hotel and bar owners and community gatekeepers	6,081,000	6,081,000	6,081,000	18,243,000	658,592			
7	Sub-Total Critical enablers	25,184,500	66,588,000	26,538,000	118,310,500	4,271,137	49,405,554	68,904,946	2,487,543
	Grand Total Cost	529,441,203	646,131,825	667,599,687	1,843,172,715	66,540,531	916,674,692	926,498,023	33,447,582

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- UNAIDS (2015) Oral pre-exposure prophylaxis: putting a new choice in context
- UNAIDS and UNFPA (2017) HIV Prevention 2020 Road Map: Accelerating HIV prevention to reduce new infections by 75%
- UNODC and Federal Prison Administration (2014): Rapid Assessment of HIV in Prison, Ethiopia

14. ANNEX:

PREVENTION ROAD MAP TECHNICAL WORKING GROUP MEMBERS

Dr. Shallo Daba	Director General FHAPCO
Mr. Abraham Gebremedhin	Deputy Director General FHAPCO
Mr. Kifle Mitiku	FHAPCO
Mr. Mamo Eshetu	FHAPCO
Ms. Tiruye Damtew	FHAPCO
Dr. Achamyeleh Alebachew	FHAPCO/WHO
Dr. Amaha Haile	Consultant-UNFPA
Dr. Beyeberu Assefa	UNFPA
Mr. Dejene Getahun	CORHA
Ms. Hind Hassan	UNAIDS
Dr. Petros Olango	WHO
Ms. Meron Nigussie	UNFPA
Dr. Neghist Tesfaye	UNAIDS
Dr. Teklu Belay	FMOH
Mr. Wondwosen Temiess	UNICEF
Dr. Girmachew Mamo	PSI
Yenenesh Tarekegn	DKT Ethiopia

LIST OF GEOGRAPHIC PRIORITIES

Table-6: List of 200 high-burden districts (geographic priorities of HIV prevention response)

Tigray Region (13)	Mekele Adwa Axum	Humera Tsegede Wolkayete	Maychew Muhoni Alamata	Wukro Shere Korem Adigrat
Afar Region (16) Semera	Semera Logia Dubti Mille	Galafi Dichato Asayta Kesem	Adibtolli Awash 7 killo Gewane Awash Arba	Gedami Tulu Melka Worer Kelwan Aba'la
Amhara Region (50)	Bahirdar Bure Merawi Finoteselam Adet Dur Bete Gondar Metema Sanja Gendawuha Delgi Koola Diba	Debark Abrha Jira Aykel Dessie Kombolcha Haik Tenta Kelala Wuchale Wegeltena Woldya Kobo	Kone Mersa Lalibella Debremarkos Dejene Motta Bichena Merto-Lemariam Debretabor Adiszemen Woreta Ebinat Rib	Nifasmewcha Debrebirhan Arerti Shewarobit Merhabete Enjibara Chagni Dangla Jawi Sekota Asketema Bati Kemise
Oromi Region (48)	Adama Bishoftu Mojo Zeway/Batu Metehara Wolenchiti Alemtena Meki Adamitulu Ada'a Wonji Assela	Shashemene Arsi Negele Ambo Woliso Nekemt Arjo Dedesa Nedjo Gimbi Dembidolo Fincha Shambu Goba	Robe Jimma Agaro Moyale Agere Mariam Yayo Bedele Sebeta sp.W Gelan sp.W Legetafo sp.W Holeta Sendafa	Sululta Dukem Durayu Sp. W Walmera Adola Shakiso Negele Mesela Ciro Fiche Kuyu Yabelo
Ethiopia Somali Region (10)	Jigjiga Togochale Kebrebeya	Aw-bere Gode Kelafo	Dolo Ado Moyale Erer	Dewole
Benishangul-Gumuz Region (14)	Assossa Bambasi Homosha Oddagodere	Pawi Gilgelbeles Mankush Bamza	Almahal Koncho Agalo Kemash	Belo Tongo
SNNPR (35)	Hawassa Arbaminch Beto Sawla Dilla Yergachefe Hossana Sodo Bodeti	Omo Sheleko Billate Tobako Ws Tepi Gemadero Chewaka Guyina Kangaten Jinka Omorate	Gazar Debrework Mizan/Aman Bachuma Bebeka Bonga Gimbo Omo Kuraz Keyafer	Wolkite Wondogenet Leku Aletawondo Chuko Daye Yergalem Gidolle
Gambella Region (12)	Gambella Etang Abobo	Dima Pignwido Abol	Bonga Godere Mengeshi	Wantuwa Korgang Nyinyag
Harari Region	Harari considered as one urban centre			
Dire Dawa City	Dire Dawa considered as one urban centre			
Addis Ababa City	Addis Ababa considered as one urban centre			

Indicators	Population	Tigray	
		2016	2020 Target
Impact indicators			
Estimated number of new HIV infections among people aged 15+ years	All 15+	606	303
	Women 15+	392	196
	Men 15+	214	107
Estimated number of new infections among young people aged 15-24 years	All 15-24	282	141
	Women 15-24	203	102
	Men 15-24	79	40
Percentage of key and priority population who are HIV infected	Female sex workers	32	25.6
	Distance drivers		
	Prisoners	4.5	3.6
	Partners of PLHIV		
	Widowed women		
	Mobile workers	0.7	0.56
Outcome indicators			
Percentage of women and men 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-49	0.5	0.17
	Men 15-49	2.6	0.76
Percentage of women and men 15-24 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-24		
	Men 15-24		
Percentage of women and men aged 15-49 who report using a condom during their last intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-49	23	80
	Men 15-49	59	92
Percentage of women and men aged 15-24 who reported using a condom during their last sexual intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-24		
	Men 15-24		
Percentage of men aged 15-49 reported that a condom was used the last time they paid for sexual intercourse	Men 15-49		
Percentage of FSWs reported condom use with most recent sex	Female sex workers	99.8	100
Percentage of men aged 15-49 that are circumcised	Men 15-49		
Percentage of people living with HIV who know their status	PLHIV		
Percentage of PLHIV currently receiving antiretroviral therapy	PLHIV	80	90
Percentage of PLHIV on ART who have achieved virological suppression (<1,000 copies/ml) at 12 months after initiating treatment	PLHIV on ART		
Percent of people who reported STIs symptoms in the past 12 months	Women 15-49	4.4	2.2
	Men 15-49	0.9	0.45
% girls completing lower secondary education	Girls		
Percent of women who experienced intimate partner /spousal violence	Women 15-49	36.5	18.3
Percentage among women and men age 15-49with discriminatory attitudes towards people living with HIV toward PLHIV	Women 15-49	58	29
	Men 15-49	48	24
Output Indicators			
Number of high-prevalence districts covered with comprehensive prevention programs	high prevalence districts (Woreda)	13	13
Number of key and priority population group reached with HIV prevention SBCC interventions (disaggregated by population type)	Female sex workers	6887	13085
	Distance Drivers		1196
	Prisoners		6092
	PLHIV	37590	42158
	Widowed and divorced urban women		19091
	Mobile worker	205,480	300,777
Number of adolescent girls, young women in high prevalence districts received dedicated prevention package in the past 12 months	Adolecent girls and yung women	DNA	121,968
Number of condoms distributed in the reporting period (Per year)	Condoms	6,248,934	8,440,242
Percentage of condoms distributed to key and priority population in the reporting period (Per year)	Codoms for KPP		50%
Percent of total HIV expenditure allocated for prevention	Financing		25%

Indicators	Population	Afar	
		2016	2020 Target
Impact indicators			
Estimated number of new HIV infections among people aged 15+ years	All 15+	341	171
	Women 15+	218	109
	Men 15+	123	62
Estimated number of new infections among young people aged 15-24 years	All 15-24	148	74
	Women 15-24	107	54
	Men 15-24	41	21
Percentage of key and priority population who are HIV infected	Female sex workers	26	20.8
	Distance drivers	7.1	5.7
	Prisoners	4.2	3.4
	Partners of PLHIV		
	Widowed women		
	Mobile workers	1	0.8
Outcome indicators			
Percentage of women and men 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-49	0.2	0.07
	Men 15-49	5.9	1.74
Percentage of women and men 15-24 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-24		
	Men 15-24		
Percentage of women and men aged 15-49 who report using a condom during their last intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-49	20	80
	Men 15-49	42	66
Percentage of women and men aged 15-24 who reported using a condom during their last sexual intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-24		
	Men 15-24		
Percentage of men aged 15-49 reported that a condom was used the last time they paid for sexual intercourse	Men 15-49		
Percentage of FSWs reported condom use with most recent sex	Female sex workers	95	100
Percentage of men aged 15-49 that are circumcised	Men 15-49		
Percentage of people living with HIV who know their status	PLHIV		
Percentage of PLHIV currently receiving antiretroviral therapy	PLHIV	35	90
Percentage of PLHIV on ART who have achieved virological suppression (<1,000 copies/ml) at 12 months after initiating treatment	PLHIV on ART		
Percent of people who reported STIs symptoms in the past 12 months	Women 15-49	2.4	1.2
	Men 15-49	2.5	1.25
% girls completing lower secondary education	Girls		
Percent of women who experienced intimate partner /spousal violence	Women 15-49	21.7	10.9
Percentage among women and men age 15-49with discriminatory attitudes towards people living with HIV toward PLHIV	Women 15-49	59	29.5
	Men 15-49	46	23
Output Indicators			
Number of high-prevalence districts covered with comprehensive prevention programs	high prevalence districts (Woreda)	16	16
Number of key and priority population group reached with HIV prevention SBCC interventions (disaggregated by population type)	Female sex workers	3202	4495
	Distance Drivers		2127
	Prisoners		943
	PLHIV	4555	10404
	Widowed and divorced urban women		3348
	Mobile worker	30,908	27,169
Number of adolescent girls, young women in high prevalence districts received dedicated prevention package in the past 12 months	Adolecent girls and yung women	DNA	21,389
Number of condoms distributed in the reporting period (Per year)	Condoms	5,214,958	7,043,683
Percentage of condoms distributed to key and priority population in the reporting period (Per year)	Codoms for KPP		50%
Percent of total HIV expenditure allocated for prevention	Financing		25%

Indicators	Population	Amhara	
		2016	2020 Target
Impact indicators			
Estimated number of new HIV infections among people aged 15+ years	All 15+	2,593	1297
	Women 15+	1,692	846
	Men 15+	901	451
Estimated number of new infections among young people aged 15-24 years	All 15-24	1,206	603
	Women 15-24	875	438
	Men 15-24	331	165.5
Percentage of key and priority population who are HIV infected	Female sex workers	26	20.8
	Distance drivers	5	4
	Prisoners	1.9	1.5
	Partners of PLHIV		
	Widowed women		
	Mobile workers	1.4	1.1
Outcome indicators			
Percentage of women and men 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-49	0.4	0.13
	Men 15-49	1.6	0.47
Percentage of women and men 15-24 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-24		
	Men 15-24		
Percentage of women and men aged 15-49 who report using a condom during their last intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-49	12	80
	Men 15-49	48	75
Percentage of women and men aged 15-24 who reported using a condom during their last sexual intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-24		
	Men 15-24		
Percentage of men aged 15-49 reported that a condom was used the last time they paid for sexual intercourse	Men 15-49		
Percentage of FSWs reported condom use with most recent sex	Female sex workers	99.4	100
Percentage of men aged 15-49 that are circumcised	Men 15-49		
Percentage of people living with HIV who know their status	PLHIV		
Percentage of PLHIV currently receiving antiretroviral therapy	PLHIV	73	90
Percentage of PLHIV on ART who have achieved virological suppression (<1,000 copies/ml) at 12 months after initiating treatment	PLHIV on ART		
Percent of people who reported STIs symptoms in the past 12 months	Women 15-49	4.9	2.45
	Men 15-49	3.3	1.65
% girls completing lower secondary education	Girls		
Percent of women who experienced intimate partner /spousal violence	Women 15-49	37.1	18.6
Percentage among women and men age 15-49with discriminatory attitudes towards people living with HIV toward PLHIV	Women 15-49	57	28.5
	Men 15-49	46	23
Output Indicators			
Number of high-prevalence districts covered with comprehensive prevention programs	high prevalence districts (Woreda)	50	50
Number of key and priority population group reached with HIV prevention SBCC interventions (disaggregated by population type)	Female sex workers	19260	53998
	Distance Drivers		3588
	Prisoners		10085
	PLHIV	124434	151440
	Widowed and divorced urban women		36965
	Mobile worker	119,380	121,843
Number of adolescent girls, young women in high prevalence districts received dedicated prevention package in the past 12 months	Adolecent girls and yung women	DNA	236,165
Number of condoms distributed in the reporting period (Per year)	Condoms	15,704,544	21,211,642
Percentage of condoms distributed to key and priority population in the reporting period (Per year)	Codoms for KPP		50%
Percent of total HIV expenditure allocated for prevention	Financing		25%

Indicators	Population	Oromia	
		2016	2020 Target
Impact indicators			
Estimated number of new HIV infections among people aged 15+ years	All 15+	2,653	1327
	Women 15+	1,720	860
	Men 15+	933	467
Estimated number of new infections among young people aged 15-24 years	All 15-24	1,263	632
	Women 15-24	913	457
	Men 15-24	350	175
Percentage of key and priority population who are HIV infected	Female sex workers	20.5	16.4
	Distance drivers	1.2	1.0
	Prisoners	3.3	2.6
	Partners of PLHIV		
	Widowed women		
	Mobile workers	1.1	0.9
Outcome indicators			
Percentage of women and men 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-49	0.3	0.10
	Men 15-49	4.2	1.24
Percentage of women and men 15-24 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-24		
	Men 15-24		
Percentage of women and men aged 15-49 who report using a condom during their last intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-49	7	80
	Men 15-49	39	61
Percentage of women and men aged 15-24 who reported using a condom during their last sexual intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-24		
	Men 15-24		
Percentage of men aged 15-49 reported that a condom was used the last time they paid for sexual intercourse	Men 15-49		
Percentage of FSWs reported condom use with most recent sex	Female sex workers	98.3	100
Percentage of men aged 15-49 that are circumcised	Men 15-49		
Percentage of people living with HIV who know their status	PLHIV		
Percentage of PLHIV currently receiving antiretroviral therapy	PLHIV	67	90
Percentage of PLHIV on ART who have achieved virological suppression (<1,000 copies/ml) at 12 months after initiating treatment	PLHIV on ART		
Percent of people who reported STIs symptoms in the past 12 months	Women 15-49	3.6	1.8
	Men 15-49	5.7	2.85
% girls completing lower secondary education	Girls		
Percent of women who experienced intimate partner /spousal violence	Women 15-49	39.2	19.6
Percentage among women and men age 15-49 with discriminatory attitudes towards people living with HIV toward PLHIV	Women 15-49	70	35
	Men 15-49	57	28.5
Output Indicators			
Number of high-prevalence districts covered with comprehensive prevention programs	high prevalence districts (Woreda)	48	48
Number of key and priority population group reached with HIV prevention SBCC interventions (disaggregated by population type)	Female sex workers	19985	31271
	Distance Drivers		3716
	Prisoners		20570
	PLHIV	96510	124764
	Widowed and divorced urban women		56300
	Mobile worker	106,480	228,654
Number of adolescent girls, young women in high prevalence districts received dedicated prevention package in the past 12 months	Adolecent girls and yung women	DNA	359,699
Number of condoms distributed in the reporting period (Per year)	Condoms	65,183,161	88,040,879
Percentage of condoms distributed to key and priority population in the reporting period (Per year)	Codoms for KPP		50%
Percent of total HIV expenditure allocated for prevention	Financing		25%

Indicators	Population	Somali	
		2016	2020 Target
Impact indicators			
Estimated number of new HIV infections among people aged 15+ years	All 15+	180	90
	Women 15+	116	58
	Men 15+	64	32
Estimated number of new infections among young people aged 15-24 years	All 15-24	82	41
	Women 15-24	59	30
	Men 15-24	23	12
Percentage of key and priority population who are HIV infected	Female sex workers		
	Distance drivers		
	Prisoners		
	Partners of PLHIV		
	Widowed women		
	Mobile workers	0.5	0.3
Outcome indicators			
Percentage of women and men 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-49	0.1	0.03
	Men 15-49	4.7	1.38
Percentage of women and men 15-24 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-24		
	Men 15-24		
Percentage of women and men aged 15-49 who report using a condom during their last intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-49	20	80
	Men 15-49	51	80
Percentage of women and men aged 15-24 who reported using a condom during their last sexual intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-24		
	Men 15-24		
Percentage of men aged 15-49 reported that a condom was used the last time they paid for sexual intercourse	Men 15-49		
Percentage of FSWs reported condom use with most recent sex	Female sex workers	93	100
Percentage of men aged 15-49 that are circumcised	Men 15-49		
Percentage of people living with HIV who know their status	PLHIV		
Percentage of PLHIV currently receiving antiretroviral therapy	PLHIV	29	90
Percentage of PLHIV on ART who have achieved virological suppression (<1,000 copies/ml) at 12 months after initiating treatment	PLHIV on ART		
Percent of people who reported STIs symptoms in the past 12 months	Women 15-49	4.7	2.35
	Men 15-49	3	1.5
% girls completing lower secondary education	Girls		
Percent of women who experienced intimate partner /spousal violence	Women 15-49	9.4	4.7
Percentage among women and men age 15-49with discriminatory attitudes towards people living with HIV toward PLHIV	Women 15-49	77	38.5
	Men 15-49	73	36.5
Output Indicators			
Number of high-prevalence districts covered with comprehensive prevention programs	high prevalence districts (Woreda)	10	10
Number of key and priority population group reached with HIV prevention SBCC interventions (disaggregated by population type)	Female sex workers	504	1430
	Distance Drivers		
	Prisoners		3551
	PLHIV	1734	4537
	Widowed and divorced urban women		16591
	Mobile worker		923
Number of adolescent girls, young women in high prevalence districts received dedicated prevention package in the past 12 months	Adolecent girls and yung women	DNA	105,996
Number of condoms distributed in the reporting period (Per year)	Condoms	13,193,134	17,819,557
Percentage of condoms distributed to key and priority population in the reporting period (Per year)	Codoms for KPP		50%
Percent of total HIV expenditure allocated for prevention	Financing		25%

Indicators	Population	Benishangul-Gumuz	
		2016	2020 Target
Impact indicators			
Estimated number of new HIV infections among people aged 15+ years	All 15+	137	69
	Women 15+	89	45
	Men 15+	48	24
Estimated number of new infections among young people aged 15-24 years	All 15-24	62	31
	Women 15-24	45	23
	Men 15-24	17	9
Percentage of key and priority population who are HIV infected	Female sex workers		
	Distance drivers		
	Prisoners	0	0
	Partners of PLHIV		
	Widowed women		
	Mobile workers	0.8	0.48
Outcome indicators			
Percentage of women and men 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-49	0.2	0.07
	Men 15-49	5.6	1.65
Percentage of women and men 15-24 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-24		
	Men 15-24		
Percentage of women and men aged 15-49 who report using a condom during their last intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-49	20	80
	Men 15-49	58	91
Percentage of women and men aged 15-24 who reported using a condom during their last sexual intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-24		
	Men 15-24		
Percentage of men aged 15-49 reported that a condom was used the last time they paid for sexual intercourse	Men 15-49		
Percentage of FSWs reported condom use with most recent sex	Female sex workers	93	100
Percentage of men aged 15-49 that are circumcised	Men 15-49		
Percentage of people living with HIV who know their status	PLHIV		
Percentage of PLHIV currently receiving antiretroviral therapy	PLHIV	76	90
Percentage of PLHIV on ART who have achieved virological suppression (<1,000 copies/ml) at 12 months after initiating treatment	PLHIV on ART		
Percent of people who reported STIs symptoms in the past 12 months	Women 15-49	1.5	0.75
	Men 15-49	0.9	0.45
% girls completing lower secondary education	Girls		
Percent of women who experienced intimate partner /spousal violence	Women 15-49	32.5	16.3
Percentage among women and men age 15-49with discriminatory attitudes towards people living with HIV toward PLHIV	Women 15-49	54	27
	Men 15-49	55	27.5
Output Indicators			
Number of high-prevalence districts covered with comprehensive prevention programs	high prevalence districts (Woreda)	14	14
Number of key and priority population group reached with HIV prevention SBCC interventions (disaggregated by population type)	Female sex workers	849	6789
	Distance Drivers		718
	Prisoners		3096
	PLHIV	3873	4388
	Widowed and divorced urban women		3254
	Mobile worker	213	48,048
Number of adolescent girls, young women in high prevalence districts received dedicated prevention package in the past 12 months	Adolecent girls and yung women	DNA	20,788
Number of condoms distributed in the reporting period (Per year)	Condoms	2,543,405	3,425,298
Percentage of condoms distributed to key and priority population in the reporting period (Per year)	Codoms for KPP		50%
Percent of total HIV expenditure allocated for prevention	Financing		25%

Indicators	Population	SNNP	
		2016	2020 Target
Impact indicators			
Estimated number of new HIV infections among people aged 15+ years	All 15+	1,189	595
	Women 15+	774	387
	Men 15+	415	208
Estimated number of new infections among young people aged 15-24 years	All 15-24	549	275
	Women 15-24	398	199
	Men 15-24	152	76
Percentage of key and priority population who are HIV infected	Female sex workers		
	Distance drivers		
	Prisoners	7.5	6
	Partners of PLHIV		
	Widowed women		
	Mobile workers	0.9	0.7
Outcome indicators			
Percentage of women and men 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-49	0.2	0.07
	Men 15-49	3.7	1.09
Percentage of women and men 15-24 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-24		
	Men 15-24		
Percentage of women and men aged 15-49 who report using a condom during their last intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-49	20	80
	Men 15-49	53	83
Percentage of women and men aged 15-24 who reported using a condom during their last sexual intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-24		
	Men 15-24		
Percentage of men aged 15-49 reported that a condom was used the last time they paid for sexual intercourse	Men 15-49		
Percentage of FSWs reported condom use with most recent sex	Female sex workers	97.7	100
Percentage of men aged 15-49 that are circumcised	Men 15-49	84.6	90
Percentage of people living with HIV who know their status	PLHIV		
Percentage of PLHIV currently receiving antiretroviral therapy	PLHIV	59	90
Percentage of PLHIV on ART who have achieved virological suppression (<1,000 copies/ml) at 12 months after initiating treatment	PLHIV on ART		
Percent of people who reported STIs symptoms in the past 12 months	Women 15-49	3.1	1.55
	Men 15-49	1.5	0.75
% girls completing lower secondary education	Girls		
Percent of women who experienced intimate partner /spousal violence	Women 15-49	30.4	15.2
Percentage among women and men age 15-49with discriminatory attitudes towards people living with HIV toward PLHIV	Women 15-49	73	36.5
	Men 15-49	63	31.5
Output Indicators			
Number of high-prevalence districts covered with comprehensive prevention programs	high prevalence districts (Woreda)	35	35
Number of key and priority population group reached with HIV prevention SBCC interventions (disaggregated by population type)	Female sex workers	7833	15063
	Distance Drivers		
	Prisoners		13879
	PLHIV	32813	46971
	Widowed and divorced urban women		26077
	Mobile worker	83,777	31,911
Number of adolescent girls, young women in high prevalence districts received dedicated prevention package in the past 12 months	Adolecent girls and yung women	DNA	166,599
Number of condoms distributed in the reporting period (Per year)	Condoms	31,297,596	42,272,694
Percentage of condoms distributed to key and priority population in the reporting period (Per year)	Codoms for KPP		50%
Percent of total HIV expenditure allocated for prevention	Financing		25%

Indicators	Population	Gambella	
		2016	2020 Target
Impact indicators			
Estimated number of new HIV infections among people aged 15+ years	All 15+	686	343
	Women 15+	440	220
	Men 15+	246	123
Estimated number of new infections among young people aged 15-24 years	All 15-24	292	146
	Women 15-24	211	106
	Men 15-24	81	41
Percentage of key and priority population who are HIV infected	Female sex workers	26	20.8
	Distance drivers		
	Prisoners	11.4	9.1
	Partners of PLHIV		
	Widowed women		
	Mobile workers	4	3.2
Outcome indicators			
Percentage of women and men 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-49	0.7	0.23
	Men 15-49	5.5	1.62
Percentage of women and men 15-24 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-24		
	Men 15-24		
Percentage of women and men aged 15-49 who report using a condom during their last intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-49	30	80
	Men 15-49	58	91
Percentage of women and men aged 15-24 who reported using a condom during their last sexual intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-24		
	Men 15-24		
Percentage of men aged 15-49 reported that a condom was used the last time they paid for sexual intercourse	Men 15-49		
Percentage of FSWs reported condom use with most recent sex	Female sex workers	94	100
Percentage of men aged 15-49 that are circumcised	Men 15-49	76	90
Percentage of people living with HIV who know their status	PLHIV		
Percentage of PLHIV currently receiving antiretroviral therapy	PLHIV	45	90
Percentage of PLHIV on ART who have achieved virological suppression (<1,000 copies/ml) at 12 months after initiating treatment	PLHIV on ART		
Percent of people who reported STIs symptoms in the past 12 months	Women 15-49	3.7	1.85
	Men 15-49	2.8	1.4
% girls completing lower secondary education	Girls		
Percent of women who experienced intimate partner /spousal violence	Women 15-49	35.7	17.9
Percentage among women and men age 15-49with discriminatory attitudes towards people living with HIV toward PLHIV	Women 15-49	40	20
	Men 15-49	45	22.5
Output Indicators			
Number of high-prevalence districts covered with comprehensive prevention programs	high prevalence districts (Woreda)	12	12
Number of key and priority population group reached with HIV prevention SBCC interventions (disaggregated by population type)	Female sex workers	1725	4602
	Distance Drivers		
	Prisoners		1503
	PLHIV	4838	10923
	Widowed and divorced urban women		7748
	Mobile worker	76	51,848
Number of adolescent girls, young women in high prevalence districts received dedicated prevention package in the past 12 months	Adolecent girls and yung women	DNA	41,775
Number of condoms distributed in the reporting period (Per year)	Condoms	1,000,900	1,351,885
Percentage of condoms distributed to key and priority population in the reporting period (Per year)	Codoms for KPP		50%
Percent of total HIV expenditure allocated for prevention	Financing		25%

Indicators	Population	Harari	
		2016	2020 Target
Impact indicators			
Estimated number of new HIV infections among people aged 15+ years	All 15+	82	41
	Women 15+	53	27
	Men 15+	29	15
Estimated number of new infections among young people aged 15-24 years	All 15-24	34	17
	Women 15-24	25	13
	Men 15-24	9	5
Percentage of key and priority population who are HIV infected	Female sex workers		
	Distance drivers		
	Prisoners	5.9	4.7
	Partners of PLHIV		
	Widowed women		
	Mobile workers	1.6	1.3
Outcome indicators			
Percentage of women and men 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-49	0.2	0.07
	Men 15-49	2.2	0.65
Percentage of women and men 15-24 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-24		
	Men 15-24		
Percentage of women and men aged 15-49 who report using a condom during their last intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-49	20	80
	Men 15-49	73	100
Percentage of women and men aged 15-24 who reported using a condom during their last sexual intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-24		
	Men 15-24		
Percentage of men aged 15-49 reported that a condom was used the last time they paid for sexual intercourse	Men 15-49		
Percentage of FSWs reported condom use with most recent sex	Female sex workers	93	100
Percentage of men aged 15-49 that are circumcised	Men 15-49		
Percentage of people living with HIV who know their status	PLHIV		
Percentage of PLHIV currently receiving antiretroviral therapy	PLHIV	100	90
Percentage of PLHIV on ART who have achieved virological suppression (<1,000 copies/ml) at 12 months after initiating treatment	PLHIV on ART		
Percent of people who reported STIs symptoms in the past 12 months	Women 15-49	1.8	0.9
	Men 15-49	5.4	2.7
% girls completing lower secondary education	Girls		
Percent of women who experienced intimate partner /spousal violence	Women 15-49	37.7	18.9
Percentage among women and men age 15-49with discriminatory attitudes towards people living with HIV toward PLHIV	Women 15-49	40	20
	Men 15-49	39	19.5
Output Indicators			
Number of high-prevalence districts covered with comprehensive prevention programs	high prevalence districts (Woreda)	1	1
Number of key and priority population group reached with HIV prevention SBCC interventions (disaggregated by population type)	Female sex workers	409	924
	Distance Drivers		251
	Prisoners		1299
	PLHIV	3987	3668
	Widowed and divorced urban women		1148
	Mobile worker	1,068	458
Number of adolescent girls, young women in high prevalence districts received dedicated prevention package in the past 12 months	Adolecent girls and yung women	DNA	7,334
Number of condoms distributed in the reporting period (Per year)	Condoms	232,020	313,382
Percentage of condoms distributed to key and priority population in the reporting period (Per year)	Codoms for KPP		50%
Percent of total HIV expenditure allocated for prevention	Financing		25%

Indicators	Population	Addis Ababa	
		2016	2020 Target
Impact indicators			
Estimated number of new HIV infections among people aged 15+ years	All 15+	1,118	559
	Women 15+	740	370
	Men 15+	378	189
Estimated number of new infections among young people aged 15-24 years	All 15-24	339	170
	Women 15-24	245	123
	Men 15-24	94	47
Percentage of key and priority population who are HIV infected	Female sex workers	18	14.4
	Distance drivers		
	Prisoners	1.2	1.0
	Partners of PLHIV		
	Widowed women		
	Mobile workers	2.7	2.2
Outcome indicators			
Percentage of women and men 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-49	0.5	0.17
	Men 15-49	4.7	1.38
Percentage of women and men 15-24 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-24		
	Men 15-24		
Percentage of women and men aged 15-49 who report using a condom during their last intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-49	42	80
	Men 15-49	72	100
Percentage of women and men aged 15-24 who reported using a condom during their last sexual intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-24		
	Men 15-24		
Percentage of men aged 15-49 reported that a condom was used the last time they paid for sexual intercourse	Men 15-49		
Percentage of FSWs reported condom use with most recent sex	Female sex workers	97	100
Percentage of men aged 15-49 that are circumcised	Men 15-49		
Percentage of people living with HIV who know their status	PLHIV		
Percentage of PLHIV currently receiving antiretroviral therapy	PLHIV	89	90
Percentage of PLHIV on ART who have achieved virological suppression (<1,000 copies/ml) at 12 months after initiating treatment	PLHIV on ART		
Percent of people who reported STIs symptoms in the past 12 months	Women 15-49	4.4	2.2
	Men 15-49	1.3	0.65
% girls completing lower secondary education	Girls		
Percent of women who experienced intimate partner /spousal violence	Women 15-49	27.9	14.0
Percentage among women and men age 15-49with discriminatory attitudes towards people living with HIV toward PLHIV	Women 15-49	18	9
	Men 15-49	17	8.5
Output Indicators			
Number of high-prevalence districts covered with comprehensive prevention programs	high prevalence districts (Woreda)	1	1
Number of key and priority population group reached with HIV prevention SBCC interventions (disaggregated by population type)	Female sex workers	12183	13149
	Distance Drivers		
	Prisoners		12582
	PLHIV	80353	94876
	Widowed and divorced urban women		87221
	Mobile worker	41,841	84,804
Number of adolescent girls, young women in high prevalence districts received dedicated prevention package in the past 12 months	Adolecent girls and yung women	DNA	557,244
Number of condoms distributed in the reporting period (Per year)	Condoms	6,965,506	9,408,094
Percentage of condoms distributed to key and priority population in the reporting period (Per year)	Codoms for KPP		50%
Percent of total HIV expenditure allocated for prevention	Financing		25%

Indicators	Population	DireDawa	
		2016	2020 Target
Impact indicators			
Estimated number of new HIV infections among people aged 15+ years	All 15+	241	121
	Women 15+	154	77
	Men 15+	87	44
Estimated number of new infections among young people aged 15-24 years	All 15-24	94	47
	Women 15-24	67	34
	Men 15-24	27	14
Percentage of key and priority population who are HIV infected	Female sex workers	28	22.4
	Distance drivers		
	Prisoners	5.3	4.2
	Partners of PLHIV		
	Widowed women		
	Mobile workers	0.8	0.6
Outcome indicators			
Percentage of women and men 15-49 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-49	0.2	0.07
	Men 15-49	2.5	0.74
Percentage of women and men 15-24 who have had sexual intercourse with more than one partner in the past 12 months	Women 15-24		
	Men 15-24		
Percentage of women and men aged 15-49 who report using a condom during their last intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-49	27	80
	Men 15-49	74	100
Percentage of women and men aged 15-24 who reported using a condom during their last sexual intercourse with non-regular partner (with a non-marital, non-cohabiting partner)	Women 15-24		
	Men 15-24		
Percentage of men aged 15-49 reported that a condom was used the last time they paid for sexual intercourse	Men 15-49		
Percentage of FSWs reported condom use with most recent sex	Female sex workers	97	100
Percentage of men aged 15-49 that are circumcised	Men 15-49		
Percentage of people living with HIV who know their status	PLHIV		
Percentage of PLHIV currently receiving antiretroviral therapy	PLHIV	63	90
Percentage of PLHIV on ART who have achieved virological suppression (<1,000 copies/ml) at 12 months after initiating treatment	PLHIV on ART		
Percent of people who reported STIs symptoms in the past 12 months	Women 15-49	3.7	1.85
	Men 15-49	2.2	1.1
% girls completing lower secondary education	Girls		
Percent of women who experienced intimate partner /spousal violence	Women 15-49	32.0	16.0
Percentage among women and men age 15-49with discriminatory attitudes towards people living with HIV toward PLHIV	Women 15-49	37	18.5
	Men 15-49	29	14.5
Output Indicators			
Number of high-prevalence districts covered with comprehensive prevention programs	high prevalence districts (Woreda)	1	1
Number of key and priority population group reached with HIV prevention SBCC interventions (disaggregated by population type)	Female sex workers	1464	2547
	Distance Drivers		1904
	Prisoners		2996
	PLHIV	6258	8814
	Widowed and divorced urban women		11279
	Mobile worker	984	4,023
Number of adolescent girls, young women in high prevalence districts received dedicated prevention package in the past 12 months	Adolecent girls and yung women	DNA	0
Number of condoms distributed in the reporting period (Per year)	Condoms	490,604	662,644
Percentage of condoms distributed to key and priority population in the reporting period (Per year)	Codoms for KPP		50%
Percent of total HIV expenditure allocated for prevention	Financing		25%



Federal Democratic Republic of Ethiopia
Ministry of Health

