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EDITORIAL

HIV/AIDS IN ETHIOPIA: PROGRESS AND PERSPECTIVES

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Twenty-five years after the discovery and isolation of the human immunodeficiency virus (HIV), much progress has been made in basic research, treatment, and public health prevention measures for HIV/Acquired Immunodeficiency Syndrome (AIDS) (1). HIV/AIDS, along with tuberculosis (TB) and malaria, is a major global public health threat and causes substantial morbidity, mortality and negative socioeconomic impact, especially in sub-Saharan Africa (2). Across the continent, including in Ethiopia, the people in the shadows who are the people most marginalized and vulnerable in the society, have been the ones most susceptible to HIV and still bearing the brunt of the epidemic.

Since the reporting of Ethiopia's first HIV in 1984 and AIDS cases in 1986, the disease has evolved into a generalized epidemic, and AIDS has for long been the leading cause of morbidity and mortality among adults in Ethiopia (3). HIV/AIDS remains a major public health problem in the country. The epidemic is characterized by a low-intensity, mixed epidemic and self-sustaining transmission with a prevalence of 1.1%, resulting, on average, in 20,000 deaths every year, which has left behind about 247,250 children orphaned by 2016 (4,5). The 2016 Ethiopian Demographic Health Survey (EDHS) (6) reveals that around 56% of the women and 55% of the men in the surveyed households have never been tested for HIV, an indication that the current number of HIV positives in the country could have been a lot more, had all the population been tested.

Despite the existence of the large number of people living with HIV/AIDS, only 72% of Ethiopians were aware that they were living with the virus. Of note, the remaining 28% thought they were not infected (6). Owing to the coordinated efforts and the unprecedented local and international partnership fostering concerted action, the spread of the virus has seen contained and progressive decline in prevalence and incidence of the disease has been documented over the last two decades, especially in urban areas of Ethiopia. Women tend to be more vulnerable than men. Of all the HIV positives in Ethiopia 39% are men, while women account for the remaining 61%, of whom 25% are commercial sex workers (7). By 2018, the prevalence of HIV has been reduced about to 1%, and 53% of people who need treatment are receiving antiretroviral (ARV) drugs (6,7).

In response to the HIV epidemic, Ethiopia has taken concrete measure to include HIV priorities into the national planning processes, develop leadership at different levels of the HIV program to design, implement and monitor a comprehensive and effective HIV prevention care, and treatment program. It has strengthened governance structures and coordination mechanisms that enabled the country use technical and financial support effectively and efficiently.

Ethiopia’s achievements in stemming the spread of HIV are impressive. The introduction and scale-up of large-scale antiretroviral treatment (ART) program has been highly successful and enabled the country to make headway in the battle against HIV/AIDS epidemic. ART, coupled with prevention activities, including the prevention of mothers-to-child-transmission (PMTCT) and voluntary male circumcision, and treatment of co-morbidities like tuberculosis have immensely contributed to the national effort to curb the epidemic (8). The walls of stigma and discrimination are coming down, little by little thanks to bold and committed activists, community organizers and health professionals. Not only has incidence of the disease been controlled and reversed, but also the country’s ability to treat those already infected has grown. Life expectancies have increased, reducing the economic consequences of early death (9). Overall, the response to the HIV/AIDS epidemic showed considerable progress and achieved encouraging results (10)

However, the nature of the epidemic and its fueling factors continue to create a complex challenge to the capacity of health and other sectors to meet the targets for HIV/AIDS control in Ethiopia. Expanding treatment is vitally important, but it must be paired with innovative and relevant prevention efforts, particularly for adolescent girls and young women, who continue to be disproportionately affected by the epidemic.

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The youth population is expected to double in the next decade, so addressing the staggering HIV incidence among adolescent girls and young women is critical to preventing a catastrophic epidemic. The promotion of sexual and reproductive health and measures being taken to address issues related to gender equality, gender-based violence, and the rights approach are crucial strategies in Ethiopia's battle against the HIV epidemic.

A high turnover of key government staff has complicated the sustainability of progress. Insufficient human resources, weak supply of management and distribution, and weak mid-level managerial capacity at regional and district levels are key challenges in the country's response to HIV/AIDS (11). Access to HIV drugs will also continue to be problematic. As HIV is a chronic disease which requires unabated life-long therapy, thoughtful policies that save today's lives and countenance the sustained resources needed to continue long-term treatment in the future have to be developed. Extending the national program to sparsely populated areas and most at risk and hard to reach population segments stretches available resources to the limit and sustainable funding remains a challenge. Given the emerging negative trend in international funding, Ethiopia must look into ways of attaining sustainability of economic resources in order to assure delivery of antiretroviral treatment for its PLHIV.

Thus, looking ahead, multiple challenges confront clinicians, policy makers and researchers. Innovative approaches like self-testing are need to be introduced to make testing easily available for people at higher risk or living in remote communities and reach a third of PLHIV who currently are not aware of their status. Ways of innovatively implementing pre-exposure prophylaxis (PrEP), the most promising of all strategies for prevention of HIV transmission, need to be explored. Elimination of mother-to-child transmission of the virus is achievable and need to be pursued aggressively. To reach everyone in need with prevention, care and treatment, there is a need of moving to a differentiated care approach – one that makes services more accessible and tailored to at-risk populations. People engaged in sex work often live in the shadows, on the margins of society who are often the least likely to receive HIV care and treatment services need to be prioritized. Surely, the country has already achieved the impossible, and should be able to keep the high ambitions and successfully go the extra miles

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