The HIV/AIDS Scenario in Ethiopia
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The Federal Democratic Republic of Ethiopia is a land-locked nation located in eastern Africa in the southern Red Sea region. It borders Sudan on the west, Eritrea on the north, Djibouti and Somalia on the east, and Kenya on the south. The nation consists of nine autonomous states represented in a bicameral parliament.

Ethiopia is unique among African countries for having maintained its freedom from colonial rule aside from a five-year Italian occupation. However, the country has a recent history of civil conflict, political repression, political corruption, and human rights abuse. Its main security threat is the border dispute with Eritrea that ended inconclusively in 2000 with 70,000 lives lost.

In terms of health and welfare, Ethiopia ranks among the world's poorest nations. About half of the 77 million population lives below the basic needs poverty line. The 2004 Human Poverty Index for developing countries ranks Ethiopia 98th out of 102 nations. Oxfam reports that child malnutrition is the highest in the world and food insecurity is widespread and chronic.

The Ethiopian economy is based on rain-fed agriculture. It accounts for half the country's gross domestic product and 60 percent of exports. Coffee is the most important crop, but low prices have hurt farmers. Additionally, soil exhaustion and chronic and severe droughts plague the agricultural sector.

A national crisis

A 2004 United Nations Human Development Index ranks Ethiopia 170th out of 177 countries worldwide based on several factors. One of these is life expectancy, which has fallen to 47.8 years due to recurrent food shortages, ongoing clashes and an exploding HIV epidemic.

The first case of HIV was detected in 1984 and the first two AIDS cases were reported in 1986. Today, the epidemic is a national crisis in Ethiopia. An estimated 1.32 to 1.5 million Ethiopians were living with HIV/AIDS in 2005. That year, there were 128,900 new HIV infections, at a rate of 353 a day. Some 30,300 of these were HIV-positive births.

The AIDS epidemic is now recognized as a leading cause of mortality in Ethiopia. In 2005, there were a reported 137,500 new AIDS cases and 134,500 AIDS deaths. The number lost to AIDS was an estimated cumulative total of 900,000 by 2003 and is projected to reach 1.8 million by 2008 if present trends continue, states the U.S. President's Emergency Plan for AIDS Relief.

Several underlying factors promote HIV infection in Ethiopia. The Joint United Nations Programme on HIV/AIDS (UNAIDS) states that these include a high rate of unemployment; population movements; widespread commercial sex work; illiteracy; gender disparity; harmful cultural and traditional practices; and stigma and discrimination of those living with and affected by HIV.

High unemployment levels

Youth unemployment in Ethiopia is extremely high at about 54 percent, according to the United Nations Children's Fund (UNICEF). Unemployment rates are highest in the 15-to-19 age group followed by the 20-to-24 age group. For all age groups, females constitute the majority of the unemployed.

Poverty and lack of opportunities can disrupt social stability. Poor families may be forced to share accommodations with others or disperse in order to find employment. Breaking of traditional family structures can lead to loss of status in the community, increased drinking and sexual abuse of wives and children—all risk factors for HIV contraction.

Unemployment is known to lead to high-risk lifestyle choices by youth. These include increased alcohol and drug abuse and multiple sexual partners, both of which can increase the chance of HIV infection.

Population movements

Migration and mobility increase vulnerability to HIV infection, both for those who are mobile and for their partners back home. The International Organization for Migration states that mobile populations experience a breakdown of socio-cultural norms that guide behaviors in stable communities.

Risk factors that may increase HIV contraction include 1) isolation resulting from stigma, discrimination and differences in language and culture; 2) separation from regular sexual partners; 3) lack of support and friendship; 4) sense of anonymity; and 5) lack of access to health and social services.

Approximately 84 percent of Ethiopia's population was rural in 2005. They suffer from rural destitution, soil degradation and exhausted farm plots, frequent drought and famine, and the pressure of a burgeoning population. Rural women, particularly from the North, may face added socio-cultural factors like early marriage, divorce, death of a husband and limited access to land. These factors are forcing the rural poor to search for work in urban areas.

While growing urban centers offer construction and seasonal work, the demand for jobs is high. Rural-to-urban migration ratchets up the pressure on urban infrastructure and services and can lead to increased unemployment, commercial sex work and begging in major cities.

Soldiers and sex workers constitute another mobile population. The National Intelligence Council reports that when the most recent border conflict with Eritrea ended, the resulting mobilization dispersed HIV-infected soldiers and camp-following sex workers across the country. This follows the first wave of demobilization-led AIDS after the end of Ethiopia's civil war in the 1980s.

The above factors have contributed to a 10.5 percent HIV prevalence rate in Ethiopia's urban areas. This is five times higher than in rural areas, according to UNAIDS. Adult HIV prevalence remains high in the capital city of Addis Ababa at 14 percent to 16 percent. Doctors Without Borders reports that the city of Humera faces a particularly high prevalence with its high number of seasonal workers, soldiers and commercial sex workers.

Widespread commercial sex work

As with other urban centers, Addis Ababa has a thriving sex industry linked to restaurants, bars, hotels, nightclubs and other establishments frequented by wealthy expatriates or local businessmen. A 2002 census by Family Health International (FHI) found that HIV prevalence among urban sex workers is more than 20 percent and as high as 50 percent in some towns.

Extreme poverty is forcing girls into commercial sex work. The FHI census reported that 60 percent of establishment-based sex workers were between the ages of 15 and 24. Orphaned girls are three times more likely to engage in commercial sex work than non-orphans, according to the Population Council.

Clients are often reluctant to use condoms, putting sex workers at a significant risk of HIV infection. Plus, few agencies provide sex workers with HIV/AIDS education, care and support.

The challenge of illiteracy

In the mid-1970s, the Ethiopian government launched an ambitious literacy program that benefited both adults and children. Despite this, illiteracy persists as a barrier to educating the public about HIV transmission and prevention. The United Nations Population Fund (UNFPA) reports that the illiteracy rate of Ethiopian males 15 and older is 48 percent. The rate of illiteracy among women is unusually high at 62 percent.

Youth out-of-school are highly vulnerable to contracting HIV. The Ethiopian Ministry of Education reported in 2002 that enrollment of children in grades 1 through 10 was approximately 48 to 57 percent for boys and 37 percent for girls. According to UNICEF, young people whose education rights are met are less likely to encounter health risks including HIV/AIDS infection, substance abuse and violence.

Many parents themselves lack information on the causes of HIV/AIDS and the risk faced by young girls. As a result, they rarely discuss sexual matters with their children and how to avoid unsafe behavior.

Gender disparity

Ethiopian women, especially young women and adolescent girls, have a higher prevalence of HIV than men. Ethiopia's HIV/AIDS Prevention and Control Office estimates that 55 percent or 730,000 of the people living with HIV/AIDS are women. Women accounted for 54.5 percent of AIDS deaths and 53.2 percent of new infections in 2005.

Violence against women is a major factor contributing to the spread of the disease. Violent sex increases HIV transmission risk because the abrasions caused through forced penetration facility entry of the virus, a fact that is especially true for adolescent girls, whose reproductive tracts are less fully developed.

Physical and sexual violence within marriage is common in Ethiopia. A 2005 study by World Health Organization (WHO) revealed that nearly a third of Ethiopian women in a one-year period reported being physically forced by a partner to have sex against their will.

Lack of negotiating power is another problem for Ethiopian women and girls, most of whom are economically dependent on men. They have little control over how, when and where the sex takes place. Women have little influence to refuse sex with a promiscuous partner or to negotiate the use of condoms.

Women also lack information and access to services to protect themselves and mitigate the risks of contracting HIV. This is particularly true in rural areas, where culture and religion dominate the lives of women and women's rights are ignored. The UNFPA estimates that among women 15- to 24-years old, only 37 percent know that a person can protect herself from HIV by consistent condom use. By comparison, 63 percent of men this age know this to be true.

The main source of new HIV infections among children, according to UNAIDS, is mother-to-child transmission (MTCT) from an HIV-positive mother to her child during pregnancy, labor, delivery or breastfeeding. Most of these cases are preventable through anti-retroviral therapy (ART). However, low counseling and treatment coverage in Ethiopia means that a small minority of pregnant women receives antenatal care and even fewer have access to anti-retrovirals.

Harmful cultural practices

Ethiopian society additional includes some harmful traditional practices that increase the risk of HIV infection in girls and women.

One such practice is female circumcision, also known as female genital mutilation. According to the 2005 Ethiopian Demographic Health Survey, more than 74 per cent of women between the ages of 15 and 49 have undergone some form of genital mutilation and cutting. This procedure increases a woman's HIV vulnerability during forced and regular sex as vaginal tissues are re-broken and in some cases cut open to allow penetration. Efforts to curb the practice have had some effect.

Early marriage is a common traditional practice in some areas of Ethiopia. While the legal age of marriage is 18, this is widely ignored. Marriage at the age of seven or eight is not uncommon, states UNICEF. Child brides typically experience high rates of unprotected sex, have significantly older and more sexually experienced spouses, and are unable to negotiate safer sex. What's more, the complications of premature pregnancies increase vulnerability to sexually transmitted infections.

Other practices that may increase a woman's exposure to infection include widow inheritance, in which a woman must marry a male relative of her deceased spouse. Another is marriage by abduction, in which a girl is kidnapped by a group of young men and raped by the man who wants to marry her. Elders from the man's village later ask the girl's family to agree to the marriage.

The Ethiopian government promotes eradicating all forms of harmful traditional practices. It encourages and supports the efforts of non-governmental organizations toward this end, and its public school programs and mass media campaigns also work to discourage these practices.

Stigma and discrimination

Ethiopians living with HIV/AIDS face stigma and discrimination. According to the United Nations, this intolerance reinforces prejudices, discrimination and inequalities related to gender, poverty, sexuality, disability and ethnicity. Members of minority groups may be reluctant to contact health and social services, therefore becoming even more vulnerable to infection.

Prevention and treatment are essential for controlling the spread of HIV/AIDS. Key steps in this process is to protect the rights of people living with HIV/AIDS and eradicate stigma and discrimination against them, according to UNAIDS and WHO.

In Ethiopia, discrimination may also mean that children orphaned by orphans are shunned with no place to go. These orphans suffer from greater social isolation, stigma, discrimination and social and emotional adjustment problems and other children. They are less likely to be adopted and have more difficulty securing employment. In several cases, these orphans are infected with HIV themselves.

An estimated 2.6 million children have been orphaned by the HIV/AIDS epidemic in the last decade. Estimates by UNCEF put the overall number of orphans at 4.6 million, or 13 percent of the total number of children. This number is estimated to rise to 14.8 percent by 2010. If this prediction proves true, Ethiopia will have the largest number of orphans of any country in the world.

National mitigation efforts

Ethiopia has stepped up its epidemic control and mitigation efforts in recent years. A politically conducive environment and a social mobilization strategy has allowed increased participation by all sectors, including civil society down to the community level, the health sector, and bilateral and multilateral organizations.

The federal government committed to a national epidemic action framework with its Strategic Framework for the National Response to HIV/AIDS in Ethiopia for 2001-2005. In 2005, the government launched a new Ethiopian Strategic Plan for Intensifying Multi-sectoral HIV/AIDS Response for 2004-2008.

Six strategic tactics guide the national response to the epidemic. These are capacity building; community mobilization and empowerment; integration with health programs; leadership and mainstreaming; coordination and networking; and targeted response.

The HIV/AIDS Prevention and Control Office (HAPCO) coordinates the implementation of the strategic response on a daily basis both nationally and regionally. The government is in the process of moving all of its epidemic coordinating bodies under the Ministry of Health (MOH). The National Partnership Forum against HIV/AIDS helps HAPCO coordinate programs by government, civil society, the private sector and donors. Donors' Forum coordinates activities of bilateral and multilateral organizations, while Donors' Health, Population and Nutrition Group coordinates donor support in the health sector.

Challenges ahead

The achievements gained so far by these efforts are very modest compared to the magnitude of the epidemic, according to UNAIDS. It also reports serious challenges facing the national response.

The first of these is continued expansion of the epidemic to the rural areas. Another is an insufficient supply and inadequate demand for services, especially in rural areas. The capacity to implement programs at the district level is also viewed as insufficient. Finally, programs have suffered from a low absorption capacity.

Expanded education, treatment and support are vital to preventing infection in new populations and thereby avoiding additional increases in HIV prevalence. As mentioned, rural populations are a major concern, as those areas lack HIV prevention, treatment, care and support services more so than urban areas. Ethiopia's large population of young people is another highly at-risk segment, with some 34 percent of all young adult deaths age 15 to 49 in the country caused by AIDS.

The most-affected populations require more focused attention. These groups include the transportation industry, police, military and the commercial sex trade. In particular, educational programs must be tailored to their specific lifestyles, environments and challenges. Information and education placed within the context of their particular situations may best encourage behavioral changes.