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POLICY ON HIV/AIDS OF THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

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I. ACRONYMS

AIDS	=	ACQUIRED IMMUNE DEFICIENCY SYNDROME
FP	=	FAMILY PLANNING
HIV	=	HUMAN IMMUNO DEFICIENCY VIRUS
MOH	=	MINISTRY OF HEALTH
NGO	=	NON- GOVERNMENTAL ORGANIZATION
PLHA	=	PEOPLE LIVING WITH HIV/AIDS
RHB	=	REGIONAL HEALTH BUREAU
STDS	=	SEXUALLY TRANSMITTED DISEASES

POLICY ON HIV/AIDS OF THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

II. *INTRODUCTION:*

Ethiopia is among the least developed countries in the world in terms of economic development and living standard of its people.The fundamental cause for this situation is the backward socio-economic system that has prevailed for centuries. Moreover the recent man-made and natural calamities have also played significant role in determining its socio-economic progress. The major problems apparent in health and social conditions are the direct reflections of these state of affairs. Conventional health parameters such as infant and maternal mortality rates, and average life expectancy at birth place Ethiopia among the least privileged nations.

The health services coverage is low and communicable diseases are very rampant causing heavy toll of deaths and burden of diseases. These health problems have been made further worse with the emergence of AIDS (acquired immuno-deficiency syndrome) caused by HIV (human immuno-deficiency virus) which has been spreading fast in the last two decades. Currently HIV has already infected many Ethiopians and the prevalence rate has been estimated to be high. This puts the country among the group with highest levels of infection in Africa. Most of those infected already are unaware of their status and so represent a pool capable of

transmitting the virus to new uninfected individuals. Sooner or later all those infected will eventually develop AIDS and die as the result.

The primary mode of HIV transmission in Ethiopia is sexual contact. Even though of small magnitude at present, next to blood transfusion, harmful indigenous practices and unsafe injections are also important causes for the spread of the virus requiring attention.

AIDS will have a large social, psychological, demographic , and economic impact on both the individuals and societies. In addition to the painful stress, disability and death that AIDS causes to the individual patients, the familial, social and economic problems that follow are many and varied. Such problems include divorce, family disintegration, orphaned children,...etc. AIDS ravage the prime- age adults and their children with deaths rates much higher than usual. When it affects large population groups it can diminish the quality and quantity of the labor force leading to social and economic crisis in the community. The social tension and sense of hopelessness that ensue are some examples of the psychological impact.

In response to this pressing need the Ethiopian Government has established a National HIV/AIDS control programme since 1987 under the Ministry of Health. Several intervention activities have been undertaken by Governmental, NGOs and other partners, but were not guided by a national

policy. The efforts which are being undertaken to mitigate the effects of AIDS in the country are inadequate, uncoordinated and poorly targeted. These problems are further compounded by low level of awareness about

HIV/AIDS that is prevailing in the community to have a desired impact on the modification of risky sexual behaviors and unsafe health practices. The health care services organized to provide out-patient and inpatient care for the diagnosis and management of HIV/AIDS/STDs including psychological support, follow-up and home care are found to be seriously stretched both in quantity and quality. Thus they are expected to be overwhelmed soon by this fast spreading silent AIDS Epidemic .

Experiences show that people living with HIV/AIDS (PHLA) very often are subjected to social discrimination and stigmatization unless protected through government policy, educational efforts and counseling services. It is ,therefore, incumbent upon the government to extend all possible support to ensure the full protection of their human rights.

Accordingly, the issuance of HIV/AIDS policy which is part and parcel of the overall health policy should be given high priority in order to direct the various efforts in mitigating the impact of AIDS in Ethiopia.

Therefore;

* Realizing the fact that HIV/AIDS is not only a health problem but also a development problem;

* Conscious of the contribution of gender inequality in the further spread of HIV/AIDS in the country;

* Aware of the need for women, including women living with HIV/AIDS to have access to information and services regarding HIV/AIDS and FP that help them to make reproductive choices and decisions;

* Understanding the magnitude of the problem as well as the considerable resources needed in combating the HIV/AIDS epidemic and aware of the need for a concerted multi-sectoral effort in controlling HIV/AIDs epidemic.

* Considering the need for a holistic approach in the provision of care to people living with HIV/AIDS ;

* Cognizant of the human rights of people living with HIV/AIDS;

* Recognizing the catastrophic impact the epidemic will result across generations unless it is checked in time, the Government of the Federal Democratic Republic of Ethiopia, hereby, demonstrates its commitment to the prevention and control of HIV/AIDS and has issued this national policy on HIV/AIDS.

In this policy :-

Prevention means taking appropriate measures to stop the transmission of HIV to uninfected individuals.

Control means monitoring the incidence of HIV/AIDS so as to abate the impact of disease in the community. This includes the provision of medical treatment for opportunistic infections and psycho-social support for PLHAs.

III. *POLICY OBJECTIVE*

1. General Objective

The overall objective of the policy is to provide an enabling environment for the prevention and control of HIV/AIDS in the country.

2. Specific Objectives

2.1 To establish effective HIV/AIDS preventive and control strategies in order to curb the spread of the epidemic.

2.2 To promote a broad multi-sectoral response to HIV/AIDS epidemic, coordination of the activities of different sectors and the mobilization of resources for the control of the epidemic.

2.3 To encourage government sectors, non-governmental organizations private sectors and communities to take measures in order to alleviate the social and economic impact of HIV/AIDS.

2.4 To promote proper institutional, home and community based health care and Psychosocial support for people living with HIV/AIDS, orphans and surviving dependents.

2.5 To safeguard the human rights of people living with HIV/AIDS and avoid discrimination against them.

2.6 To empower women, youth and other vulnerable groups to take action to protect themselves against HIV/AIDS.

2.7 To promote and encourage research activities targeted towards preventive, curative and rehabilitative aspects of HIV/AIDS.

IV. *GENERAL POLICY*

1. Reinforce the implementation of effective measures to prevent and control the spread of HIV/AIDS.

2. Make the necessary provision of care and support to people living with HIV/AIDS and their affected family members.

3. Strengthen the collaborative efforts with regional and international organizations for the prevention and control of HIV/AIDS .

4. Ensure the protection of the human rights of People Living with HIV/AIDS.

5. Provide health care to People Living with HIV/AIDS on a scheme of payment according to ability with special assistance for those who can not afford to pay.

6. Promote researches and studies on HIV/AIDS and make use of the outcomes for preventive, curative and rehabilitative purposes.

7. Develop the capacity to detect the HIV infection and its spread in the community through testing and disease surveillance system.

8. Promote integrated coordination of government , NGO's private sectors for the prevention and control of HIV/AIDS.

V. *GENERAL STRATEGIES*

1. Information, Education and Communication (IEC)

1.1 Provision of IEC to all government sectoral ministries and institutions, non-governmental organizations, mass organizations, religious groups, professional, associations and the community at large shall be given so that they can provide adequate attention to the problems of HIV/AIDS and fully participate in the prevention of HIV/AIDS. The Ministry of Health is hereby mandated to setup and coordinate this multisectorial approach to respond effectively to the challenges of the epidemic.

1.2 Intensive, extensive and sustainable IEC activities through all possible media, materials and methods taking into account culture such as belief languages shall be planned, tested, implemented and evaluated for continued success in educational efforts.

1.3. Adequate emphasis shall be given to women, children and youth as a priority focus for health promotion, related to HIV/AIDS.

1.4 Priority in educational efforts will be given to high risk groups such as commercial sex workers, and their clients, mobile groups, (long distance truck drivers, military personnels) youth groups, street children, refugees, prisoners and others.

1.5 MOH shall provide technical assistance to the Ministry of Education to ensure that appropriate curriculum and teaching materials shall be developed and implemented for HIV/AIDS/STDs in school health education at all levels, beginning from the primary level. Furthermore, multisectoral interventions shall be developed and implemented for youth out-of-school in rural and urban areas.

1. 6 Participation of people living with HIV\AIDS in education to the public as well as psycho-social support to each other shall be encouraged and adequate preparedness and consent shall be ensured for audio-visual recordings of these people for use in IEC activities.

1.7 Fidelity and /or safer sex practice emanating from the societal cultural norm based on the one -to- one sexual relation ship in marriage bond shall be promoted. However, for individuals failing to comply with this norm for various reasons, an alternative option of providing education on the proper use of condoms, its proper distribution through all possible out-lets at affordable prices on continuous bases shall be maintained.

1.8 Women shall be empowered to decide and negotiate for safer sex and use of condoms when necessary.

2. STD Prevention and Control

2.1 Comprehensive management of STD patients shall include risk reduction education and counseling of patients; education on treatment compliance, condom instruction, distribution notification and treatment of partners.

2.2 The quality of STD services provided by private and public sector health care workers will be improved through training, development and promotion of standardized treatment guidelines and ensuring the availability of effective STD drugs. IEC services shall be provided to raise awareness and to promote appropriate STD care seeking behavior.

2.3 In view of the benefits of effective and timely treatment of STD cases in the prevention and control of HIV/AIDS, efforts shall be made to provide STD services to all people with special attention paid to the most vulnerable groups.

3. HIV Testing, and Screening.

3.1 HIV testing and screening shall be undertaken by health institutions which are organized for the purpose of testing and screening with permit for such tasks.

3.2 Testing and screening shall be voluntary and shall be encouraged along with counseling services.

3.3 No person shall be forced to undergo mandatory HIV screening test for job recruitment purpose unless the nature of the occupation (pilots - civil aviation and air force) requires it to do so.

3.4 Efforts shall be made to avail screening facilities in as many public health care units as possible and voluntary testing to those who may request shall be provided.

3.5 All donated blood shall be screened prior to transfusion. In remote areas where testing facilities are limited, simple and/or rapid HIV tests shall be made available.

3.6 Blood donors shall be informed about the tests which will be carried out on the donated blood. In case of a donor wanting to know his/her HIV sero- status, he/she shall be referred to the appropriate health facilities for counseling and testing.

3.7 Efforts shall be made to prevent the further spread of HIV through easy access to tests and appropriate counseling services for women of child bearing age and their partners/spouses.

4 STERILIZATION AND DISINFECTION

4.1 Provisions shall be made to ensure that adequate sterilization procedures are adhered to at all levels.

4.2 Health care workers in all health care settings shall be trained and be given the necessary support to adhere to universal sterilization and disinfecation precautions.

4.3 Soliciting stringent precaution measures for sterilization and disinfection of medical instruments in public and private health institutions to prevent HIV transmission shall continuously be checked and monitored.

4.4 Efforts shall be made to promote safe home delivery by traditional birth attendant.

4.5 Appropriate measures shall be taken to stop HIV transmission by illegal injectors and harmful traditional practices.

5 HIV/AIDS Surveillance, Notification and Reporting

5.1 HIV/AIDS is one of the notifiable infectious diseases. Thus, all public and private health institutions shall notify the MOH through the established system about confirmed AIDS cases.

5.2 HIV surveillance for monitoring preventive strategies shall be unlinked. If the approach is linked, there shall be a counseling component attached to the testing and the result shall be made available to the person tested on request.

5.3 Diagnosis of AIDS cases shall be established only after the accepted national criteria has been fulfilled. The pronouncement of the diagnosis to the patient shall be done only after proper counseling.

5.4 Surveillance and counseling services shall be strengthened and expanded at all levels.

5.5 PLHAs shall be encouraged through repeated counseling to accept the need for notifying his /her serostatus to others (spouse, friends, family)

5.6 In cases of altered state of consciousness or of difficult cases where a person refuses to notify after adequate counseling and his/her partner is at risk of infection, based on the circumstances the endangered partner shall have the right of direct access to the information regarding the sero - status of the partner.

6. Medical Care and Psychosocial Support

6.1 Government institutions, non-government organizations, religious organizations, bilateral & multilateral agencies, private sectors, community based institutions and the community at large shall be mobilized to support people living with HIV/AIDS and affected family members. Special attention shall be given to people who are abandoned and helpless.

6.2 Psychosocial, economic and medical support to PLHAs and affected members shall be encouraged through eliciting established patient's familial and social network.

6.3 Health workers and counselors shall provide counseling services to build up the confidence of people living with HIV/AIDS.

6.4 Efforts shall be made to create self supportive and income generating opportunities for people living with HIV/AIDS as need arises.

6.5. The MOH and the RHBs shall train health care providers on medical care for AIDS patients.

6.6. The MOH and the RHBs shall ensure the availability of drugs for the treatment of the most common opportunistic infections.

6.7. Efforts shall be made to inform all HIV positive women regarding the implications of pregnancy, delivery and child bearing. Prevention of pregnancy shall be encouraged among HIV positive individuals.

6.8. Efforts for provision of care and support shall be made for children orphaned when one or both parents die of HIV/AIDS. In the event before death, such parents shall get proper counseling to ensure clear arrangements of suitable options to be made among extended family or community support for their children.

7. ***Research And Development***

7.1 Necessary support and encouragement shall be given to all researches and studies conducted in areas of preventive, curative and rehabilitative concerns related to HIV/AIDS.

7.2 Researchers shall obtain informed consent from all human subjects involved depending on the type of research on HIV/AIDS. The rights of the subjects to withdraw from the study at any time shall be safeguarded and a mechanism for control and registration of complaints shall be established.

7.3 For the purpose of coordination, utilization and to ensure that all ethical requirements are adhered to, all HIV related researches carried out in Ethiopia shall undergo appropriate ethical review by duly established and independent national or local ethical review bodies and shall be given clearance by appropriate body.

8. ***HIV/AIDS and Human Rights***

8.1 With out prejudice to the sub-article 5.6 of this policy, the right of an individual for confidentiality in HIV serologic testing and diagnosis shall be respected.

8.2 The right of HIV/AIDS individuals for access to employment and associated privileges, educational and/ or training facilities, public facilities such as places of entertainment public eating and drinking places sporting facilities etc. shall be ensured.

8.3 People living with HIV/AIDS shall have the right to live wherever they want to and shall not be subjected to any forms of restrictions .

8.4 Prisoners, persons under measures entailing restriction on personal liberty and other institutionalized persons , like trainees, orphans, military personnel ...etc. shall be treated in a manner similar to other members of the community with the same access to educational programs, serological testing , inpatient and out patient care , and shall not be subjected to discriminatory practices on the basis of HIV/AIDS .

8.5 Children living with HIV/AIDS shall be safeguarded against any form of discrimination and stigmatization .

8.6 People living with HIV/AIDS need to have full understanding of the problems involved and come to grips with mechanisms to handle the situation, verifying their concern in protecting the community. Involvement in reckless transmission shall impose them to punitive legal measures.

9 . ***Regional & International Relations***

9.1 Regional and international relations that will facilitate the implementation of the policy shall be established and strengthened.

10 ***Policy Implementation and Coordination***

10.1 Relevant laws and guidelines shall be instituted to enforce the policy implementation.

10.2 Intra- and inter- sectoral coordination task force involving relevant institutions shall be formed and coordinated by MOH.

10.3 MOH shall prepare a country wide HIV/AIDS prevention and control program taking into account the resource implications on which base the government shall allocate budgetary subsidy. The government shall also facilitate the mobilization of resources from international and donor communities to effectively respond to the challenges of the epidemic.