



PEPFAR Contribution to the HIV Epidemic in Ethiopia

USAID HEALTH, AIDS, POPULATION
& NUTRITION OFFICE



Focus of PEPFAR

Unwavering Commitment across Administrations to Ending AIDS

2003: US Leadership against AIDS, TB, & Malaria Act

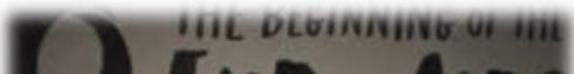
- Emergency Response
- Delivering prevention, care, & treatment services
- Building & strengthening health systems to deliver HIV services

2008: Hyde-Lantos Reauthorization

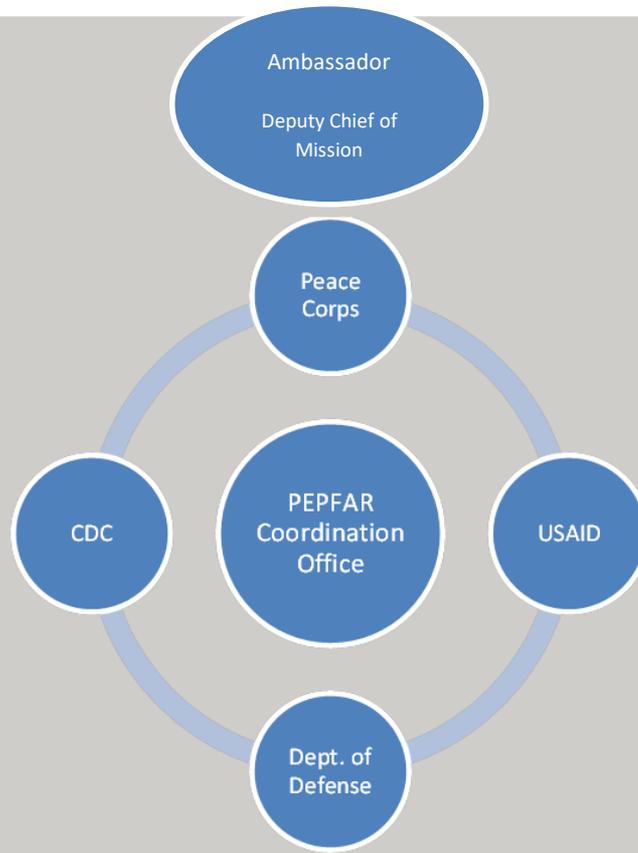
- Shift from emergency to sustainable response
- Shared responsibility & country-driven programs
- Scaling up ART, PMTCT, & VMMC for impact

2013: PEPFAR Stewardship & Accountability Act

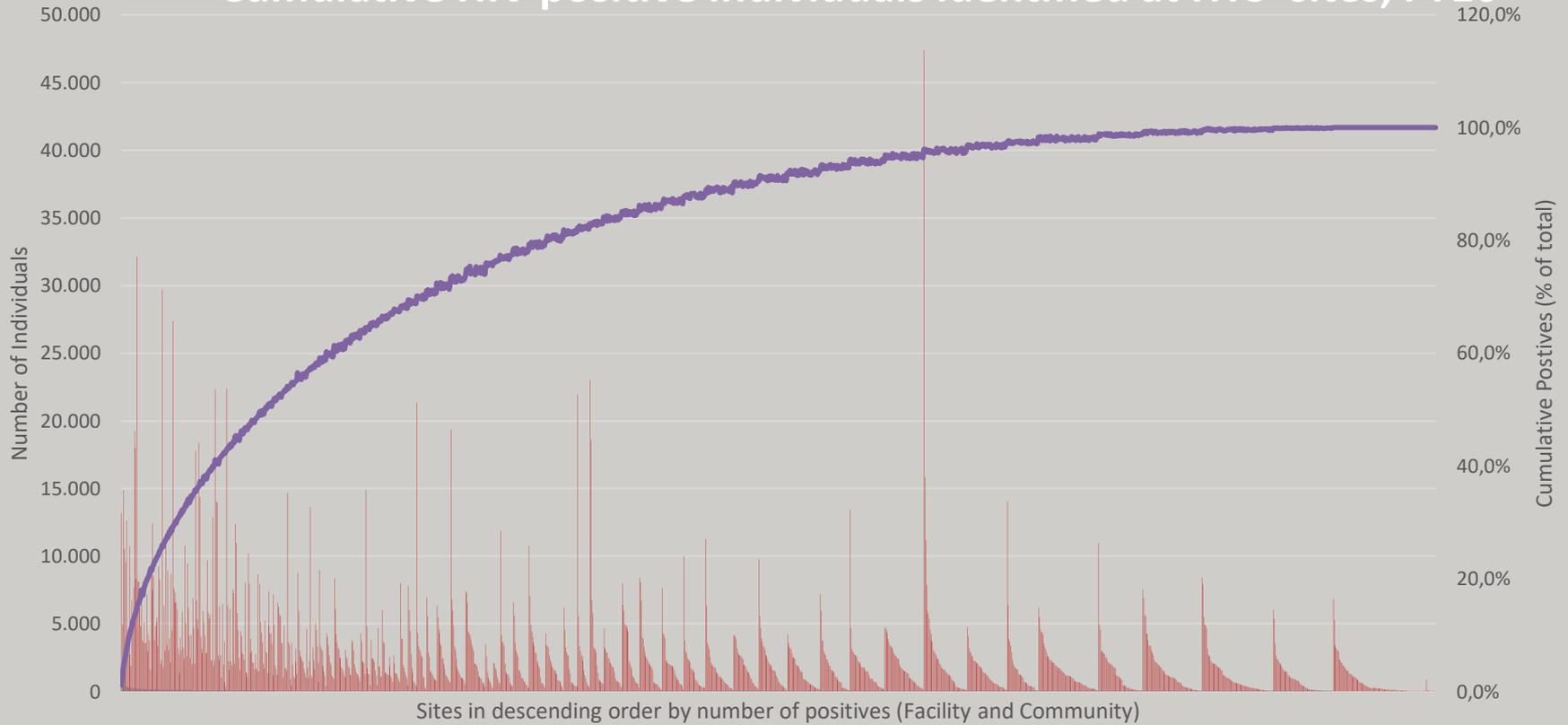
- Sustainability & shared responsibility
- Quality, oversight, transparency, & accountability for impact
- Accelerating core interventions (ART, PMTCT, VMMC) for epidemic control



PEPFAR Ethiopia

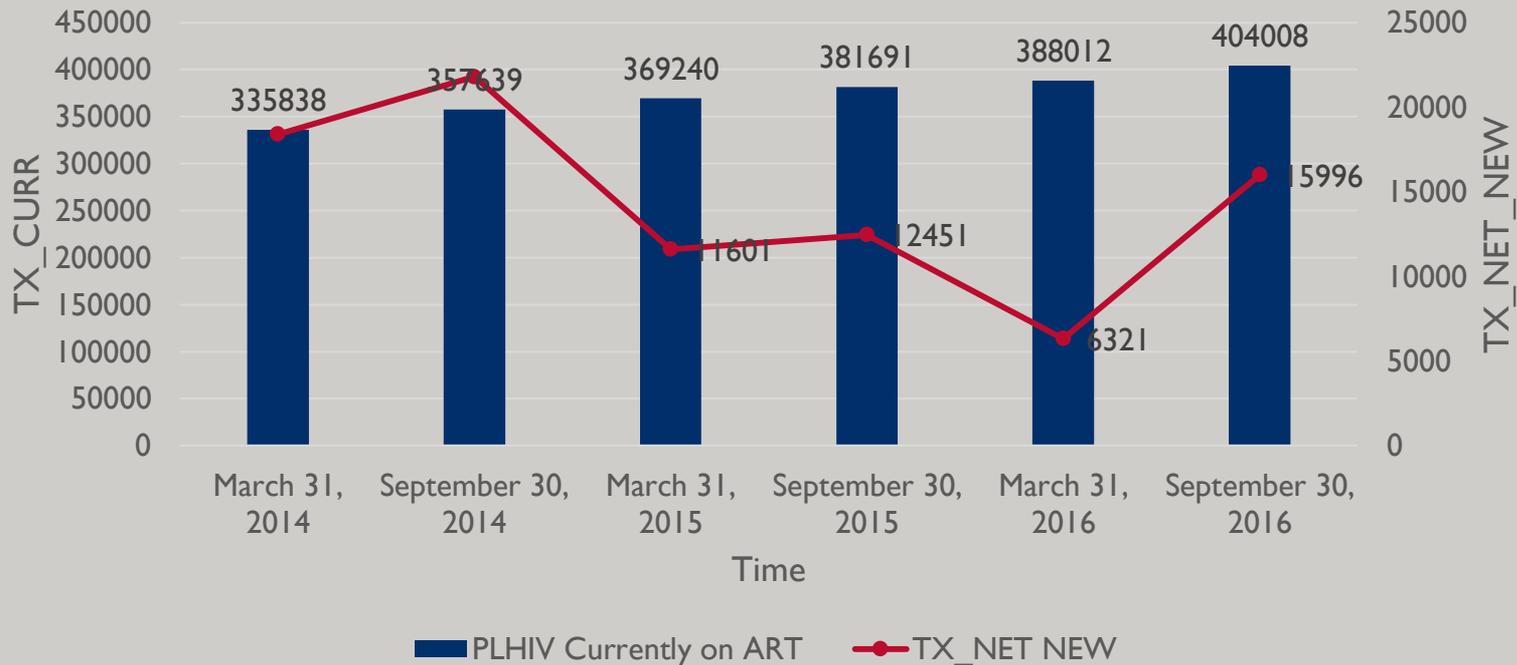


Cumulative HIV positive Individuals identified at HTS sites, FY16



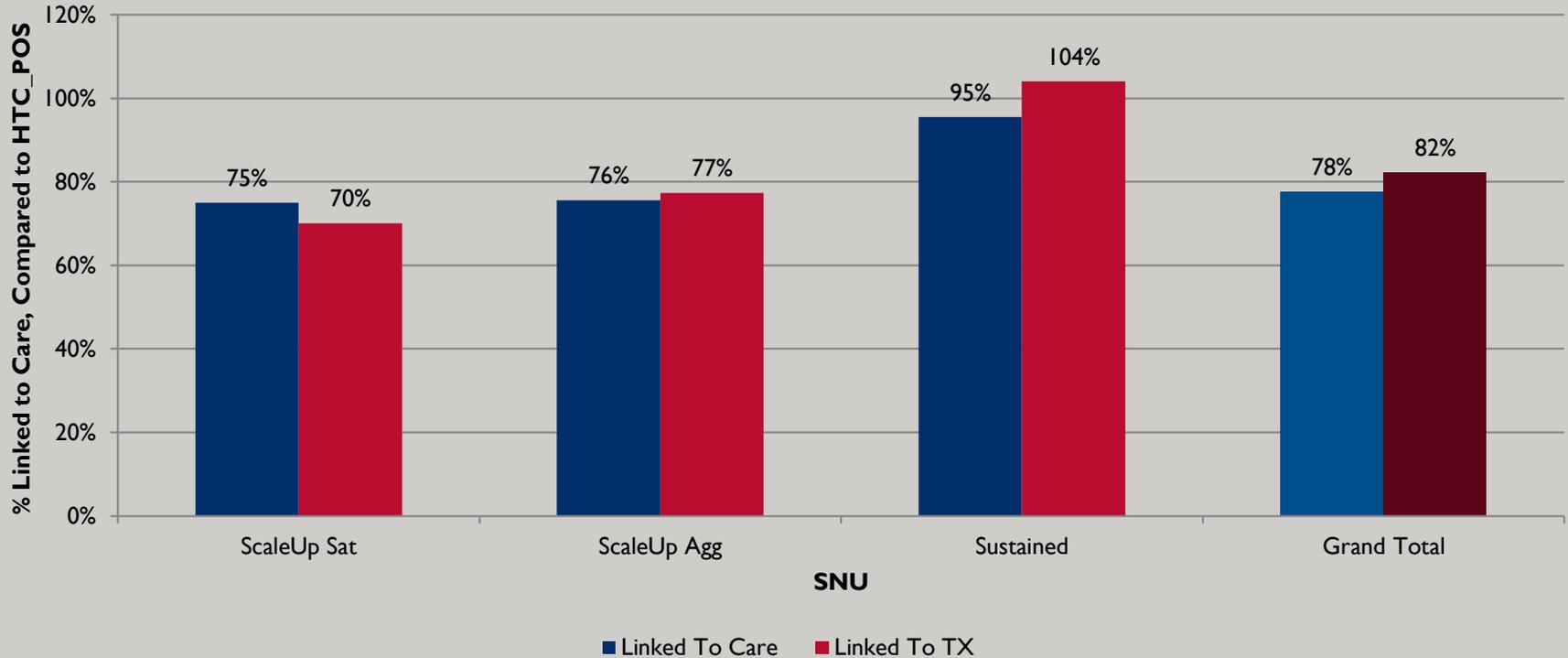
Positive # Tested Cumulative % of Positives

Variation in TX_CURR, FY14 – FY16

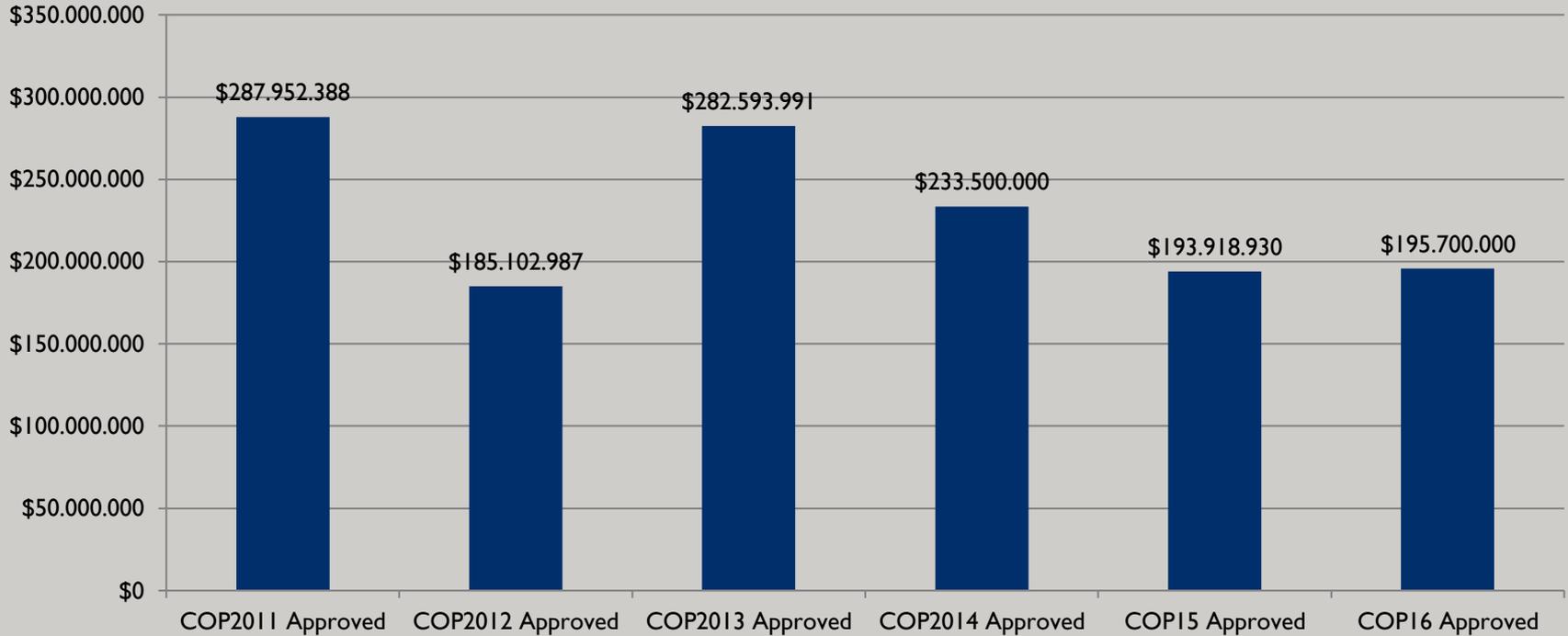


- TX_CURR reporting challenges started largely in FY15
- Declines in TX Net New (as an indication of treatment program growth) can be attributable, to an extent, to site-level data reporting challenges
- Conducted detailed site-level analysis, site visits, and received supplemental facility-level data from RHBs to estimate extent of under-reporting at site-level

Care and Treatment Linkage By SNU Classification, FY16



PEPFAR Country Allocation: 2011-2016



PEPFAR 20 Town Strategy

1. Addis Ababa
2. Dire Dawa
3. Oromia (10)
 - a) Adama
 - b) Jimma
 - c) Bishoftu
 - d) Ambo Town
 - e) Nekemte Town
 - f) Shashemene
 - g) Woliso
 - h) Mojo
 - i) Asela
 - j) Goba
4. Tigray (2)
 - a) Mekele
 - b) Alamata Town
5. Amhara (6)
 - a) Bahir Dar
 - b) Dessie
 - c) Gonder
 - d) Woldiya
 - e) Debre Markos
 - f) Kombolcha

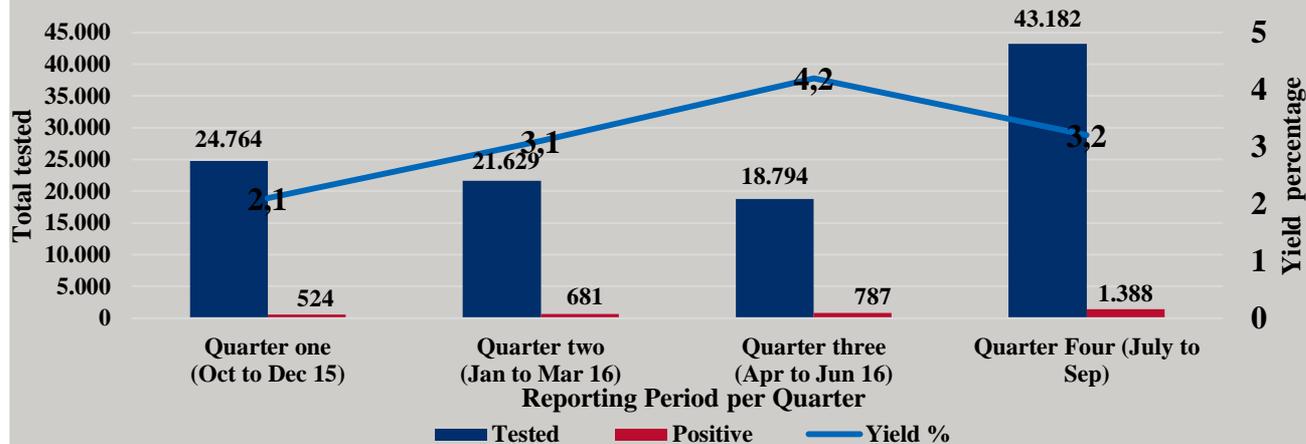
20 Town Goal: 80% Treatment Saturation by September 2017



COP 17 Strategic Direction

- Move towards closing treatment gap to have 500,000 people on treatment.
 - Looking at new service delivery models, including ***community-based platforms****
- Focus on scale-up of viral load coverage from 5% at end of COPI5.
- Continue to work closely with GOE at all levels to allow greatest impact of PEPFAR funds.
- Share and apply what we've learned from our service delivery partners to other areas of our portfolio

MULU/MARPs Trend and Innovative Approaches



MULU/MARPs HTC and Yield by quarter, FY 2016

Innovative Approach

Contribution to Results

Applied high-risk screening tool to PP and KP

Further stratification – identified most at risk

Frequent micro-assessment and mapping of FSWs

Identified and targeted new hotspots in towns

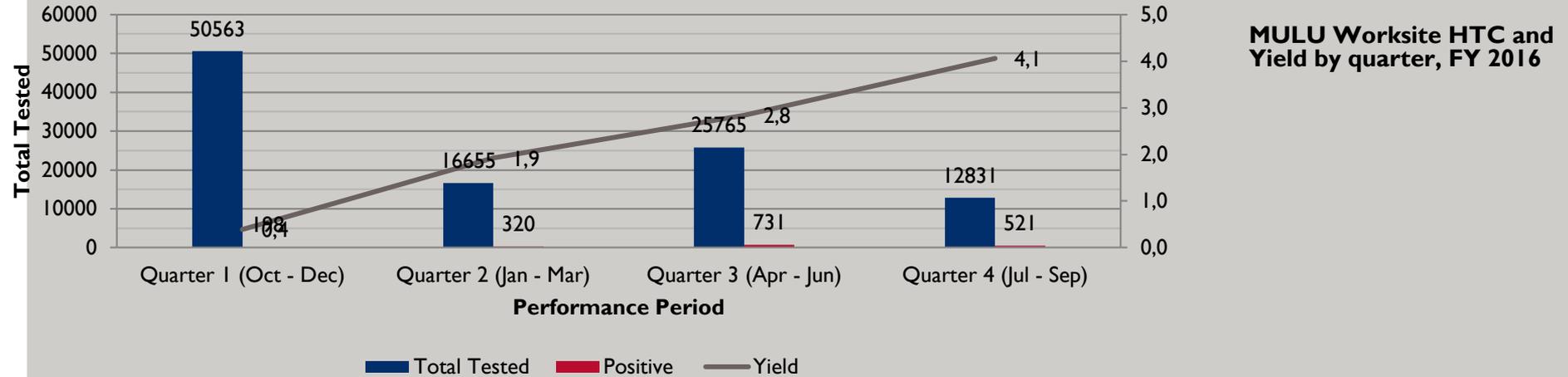
Targeted new at-risk groups

6.2% yield from widowed & divorced women involved in transactional sex

More frequent (bi-weekly) tracking of HIV yield

Enabled rapid, data-driven changes to programs

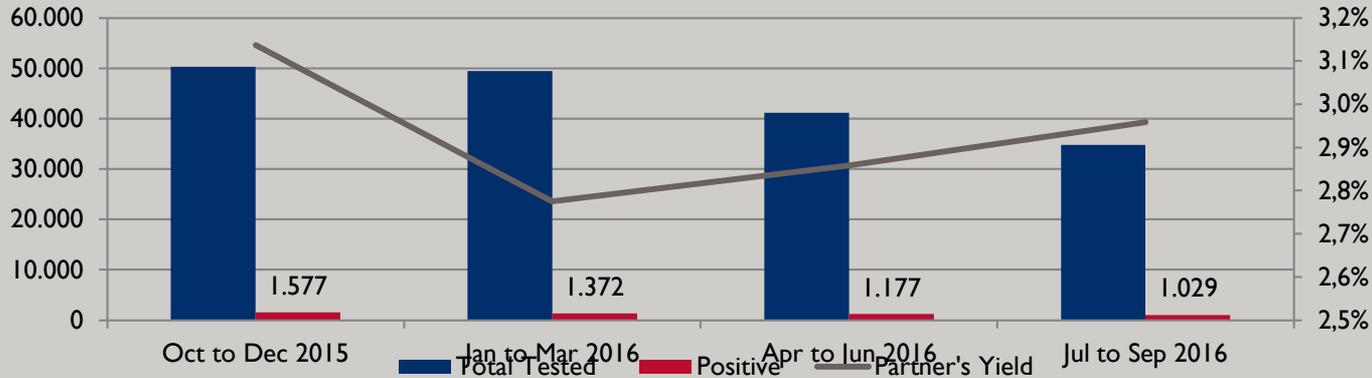
MULU Worksite Trend and Innovative Approaches



Innovative Approach	Contribution to Results
Targeted sites by yield	Increased high yield sites by 12.3%; dropped low-yield sites
Targeted sites by season	Adapted sites to reflect seasonal changes in worker influx
Expanded hours at sites	More convenient testing for worksite employees
Monthly tracking of HIV yield	Enabled quick program changes
Screening tools at static sites	

Abt PHSP Trend and Innovative Approaches

Abt HTC and Yield by quarter, FY 2016



Innovative Approach

Contribution to Results

Rigorous site assessment before targeting

Selection of sites based on yield and rapid assessment results

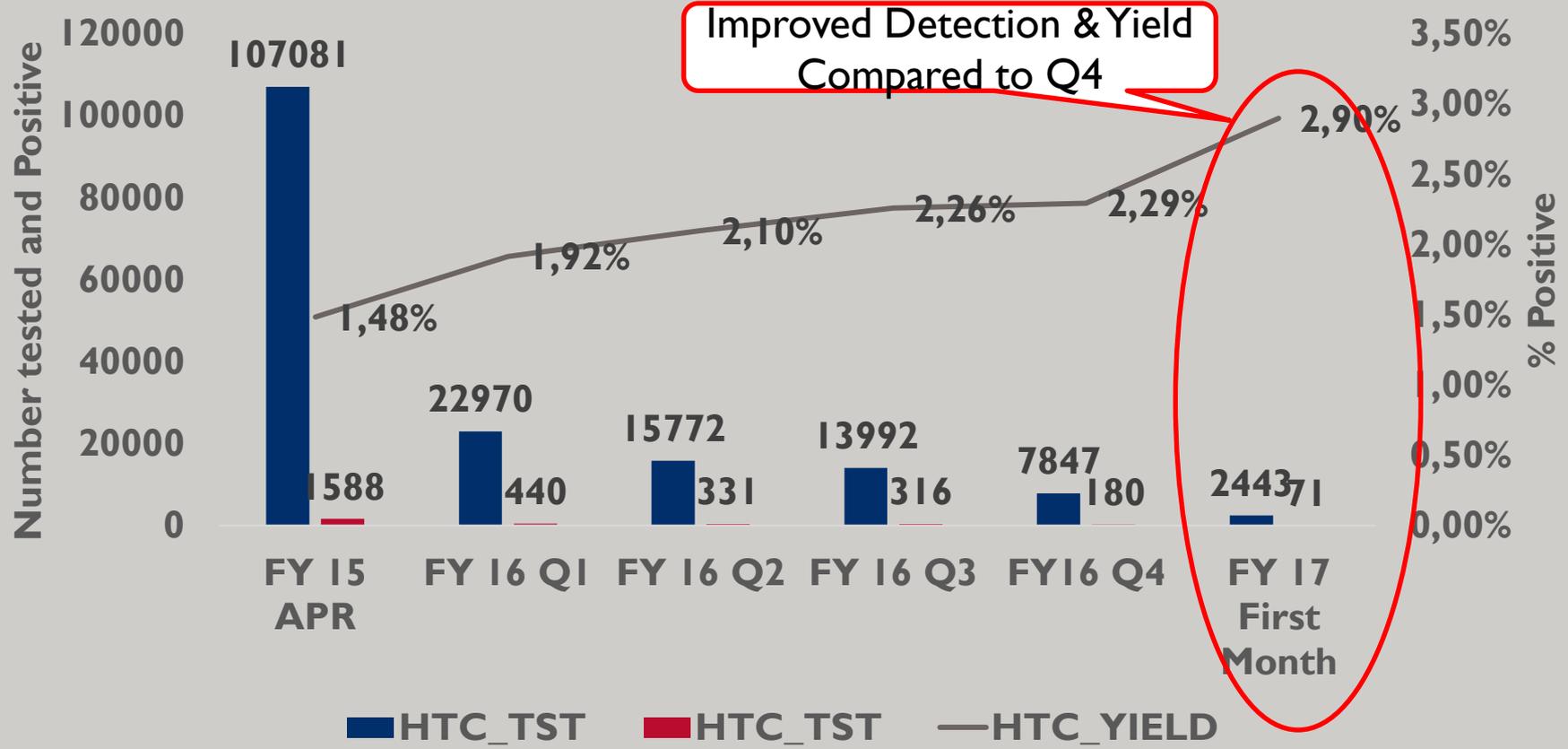
Prioritization on burden and capacity

Prioritized sites in high-burden towns and with capacity for high-quality general services

More frequent (bi-weekly) tracking of HIV yield

Enabled quick program changes

FGAE: Volume of testing and yield trend, FY 2016



For more information:

- <https://data.pepfar.net/>