

CDC in Ethiopia

Factsheet



Staffing
14 U.S. Assignees
70 Locally Employed



Impact in Ethiopia

- HIV testing and counseling of pregnant women's partners increased from 13% to 51%
- Exposed infants enrolled in antiretroviral therapy from 13% to 97%
- As of September 2012, CDC directly supported the provision of antiretroviral treatment to 167,011 men, women, and children.
- In FY 2012 alone, CDC directly supported the provision of 10,100 voluntary medical male circumcisions.

The Centers for Disease Control and Prevention (CDC) office in Ethiopia was established in 2001 and works closely with the Ministry of Health and other partners to maintain strong programs in training, treatment, counseling and testing, and laboratory capacity building.

Top 10 Causes of Death in Ethiopia

1. Lower Respiratory Infections	14%	6. Protein-Energy Malnutrition	5%
2. Cancer	6%	7. Ischemic Heart Disease	4%
3. Diarrheal Diseases	6%	8. Stroke	4%
4. Malaria	6%	9. HIV	3%
5. Tuberculosis	5%	10. Preterm Birth Complications	3%

Source: GBD Compare (<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2010

HIV/AIDS

Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the CDC Ethiopia Office supports the implementation of an effective, efficient HIV program. This support contributes directly to saving the lives of men, women and children through high quality HIV treatment services and a comprehensive combination prevention strategy. Using a data-driven approach, this strategy is tailored to the unique characteristics of the local epidemic to boost health impact and improve overall program performance.

CDC works closely with Ethiopia's Ministry of Health (MOH) to support a full complement of HIV program activities including HIV/counseling and testing, blood safety, early infant diagnosis (EID), and strengthening health systems. Health system strengthening is needed for long term program sustainability and includes building country capacity in the areas of workforce development, epidemiology, surveillance, health information systems, and program monitoring and evaluation to assess impact and make rapid course corrections to keep pace with changes in the local epidemic. The growing effectiveness of Ethiopia's HIV response has resulted in a dramatic decline in HIV incidence.

Malaria

Under the U.S. President's Malaria Initiative (PMI), CDC has assigned a Resident Advisor to Ethiopia as part of an interagency team with USAID to support the Ministry of Health (MoH) in implementing malaria prevention and control interventions; these include providing long-lasting insecticide mosquito nets (LLINs) and indoor residual spraying; improving diagnostics and case management; surveillance, and monitoring and evaluation of malaria-related activities. Specific examples of CDC technical support have included: 1) the evaluation of the efficacy of first line antimalarials against uncomplicated malaria caused by *Plasmodium falciparum* and *Plasmodium vivax* in Oromia Region; 2) continued support of three Ethiopian public health professional staff enrolled in the Field Epidemiology and Laboratory Training Program (FELTP), a two year practical public health training program, with on-site support and technical assistance visits from the CDC staff (in Ethiopia and Atlanta).

Ethiopia at a Glance

Population: 85,000,000

Per capita income: \$870

Life expectancy at birth women/men: 57 /54 yrs

Source: Population Reference Bureau, 2010



Immunizations

CDC provides technical and programmatic expertise to meet national immunization goals and international resolutions to eradicate polio, reduce measles mortality, and strengthen the national routine immunization program in Ethiopia. CDC investigates circulating vaccine-derived poliovirus cases and provides operational support for acute flaccid paralysis surveillance and supplementary immunization activity. CDC conducted a comprehensive integration evaluation project to assess resource needs for integration of interventions with immunizations and to determine best practices for delivery of integrated health services at the service delivery level.

Neglected Tropical Diseases

From 2011-2015, CDC will be working with the Ethiopian Federal Ministry of Health, the Ethiopian Health and Nutrition Research Institute (EHNRI), and the African Field Epidemiology Network (AFENET) to develop the evidence base and tools needed to support the elimination of onchocerciasis in Africa. The first step of developing the tools is to create an African Onchocerciasis Specimen Bank that can be used to evaluate the available diagnostic tests in a systematic and rigorous manner. The specimen bank will assist in the development of a rapid, field ready test that is appropriate for use by programs as they approach the interruption of the transmission of the parasite that causes River Blindness. The development of such a test is critical to support the efforts to eliminate the parasite in Africa. Specimens from Africa are badly needed because of the prevalence of co-endemic filarial infections which may affect the diagnostic accuracy of the currently available tests. On-site activities for specimen collections started on February 2013.

Reproductive Health

To support of one of the Global AIDS Program's (GAP) prevention strategies, behavioral scientists from DRH collaborated with GAP staff to develop the Modeling and Reinforcement to Combat HIV/AIDS (MARCH) Program. The goals of this behavior change strategy are to promote behavioral changes that reduce the risk of HIV infection and transmission, increase service use, and create normative environments which sustain changes. Behavior change goals include abstinence, mutual monogamy, use of voluntary HIV counseling and testing (VCT) services, and condom use, as appropriate to the target population in each participating country. To achieve these goals, MARCH combines two approaches to behavior change: entertainment/education through broadcast media and interpersonal reinforcement at the community level. In the past few years, DRH staff has focused on evaluation of MARCH projects, and completed the evaluation of the MARCH project in Zambia this past year. This completes DRH's active involvement in the 2 ongoing projects.

Field Epidemiology Training Program

In 2009, the Ethiopian Field Epidemiology and Laboratory Training Program was established to develop a cadre of highly skilled public health professionals in the Federal Ministry of Health and regional health bureaus. Residents of the program have investigated disease outbreaks, conducted case investigation and contact tracing, trained local health sector staff, updated guidelines, conducted and improved surveillance, and made recommendations to improve water quality, hygiene and sanitation. Upon completion of the two-year program, residents receive an MPH in Field Epidemiology from the Addis Ababa University School of Public Health.

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