



CDC in Ethiopia

The Centers for Disease Control and Prevention (CDC) established an office in Ethiopia in 2001. CDC Ethiopia works closely with the Ministry of Health (MOH) and other partners to build capacity for surveillance and outbreak investigation; provide comprehensive HIV/AIDS prevention, care and treatment; build quality laboratory systems; and strengthen public health programs.



CDC STAFF

- 18 U.S. Assignees
- 76 Locally Employed



AT A GLANCE

- Population: 98,148,000
- Per capita income: \$1,500
- Life expectancy at birth: W 65/M 62 yrs
- Infant mortality rate: 49/1,000



TOP 10 CAUSES OF DEATH

1. Diarrheal diseases
2. Neonatal disorders
3. HIV/AIDS & TB
4. Cardiovascular diseases
5. Other noncommunicable diseases
6. Neoplasms
7. Mental disorders
8. Nutritional deficiencies
9. Unintentional injuries
10. Diabetes/Urological/Blood/
Endocrine disorders

Source: Population Reference Bureau 2017: Ethiopia
 Source: GBD Compare 2016: Ethiopia



Centers for Disease Control and Prevention
 Center for Global Health
 Division of Global Health Protection



HIV/AIDS

HIV/AIDS is a major public health issue, and CDC's HIV program began with the goal of strengthening HIV prevention and control. With tuberculosis (TB) emerging as the leading cause of death among people living with HIV, CDC Ethiopia's program has moved from one focused mainly on HIV prevention to one that addresses TB as well. Using a data-driven approach, this strategy is tailored to the unique characteristics of the local epidemic to boost health impact and to improve overall program performance. CDC Ethiopia is also committed to achieving the UNAIDS goal of 90-90-90 by 2020 (90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained treatment, and 90% of all people receiving treatment will have viral load suppression).

CDC Ethiopia's TB/HIV program support began in 2006. Currently there are TB/HIV collaborative activities at almost 1,000 health facilities in priority (scale-up) and sustained woredas (districts). Program focus areas include technical support and capacity building for the national and regional TB/HIV program management, improving quality of adult and pediatric TB/HIV as well as multi-drug resistant TB services, laboratory system development for TB/HIV programs, program evaluation survey, and surveillance activities.

Malaria

Under the U.S. President's Malaria Initiative, CDC has assigned a resident advisor to Ethiopia as part of an interagency team with the U.S. Agency for International Development to support the 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; and surveillance, monitoring, and evaluation of malaria-related activities. Specific examples of CDC technical support have included:

1) investigation of malaria vector insecticide resistance; 2) investigation of LLIN durability; and 3) continued support of Ethiopian public health professional staff enrolled in the Field Epidemiology and Laboratory Training Program (FELTP), a two-year practical public health training program.

Field Epidemiology and Laboratory Training Program (FELTP)

CDC supports the FELTP, which trains a global workforce of field epidemiologists, or "disease detectives" to help keep people safe. Disease detectives are CDC's "boots on the ground," helping track, contain, and eliminate outbreaks before they become epidemics. CDC works closely with partner countries to establish FELTPs across the globe. Training programs create a cadre of well-trained disease detectives with the skills to gather critical data and turn it into action. Since starting at Addis Ababa University in 2009, the program has since expanded to seven additional universities. With 346 trainees (as of July 2018), it is now the largest advanced FELTP in the world and just past the halfway mark in meeting the Joint External Evaluation (JEE) target of 1 graduate per 200,000 population ($267/504 = 53\%$).

Global Health Security

Ethiopia has been a Global Health Security Agenda (GHSA) partner since its launch in February 2014. The GHSA is a growing partnership of over 64 nations, international organizations, and nongovernmental stakeholders to help build countries' capacity to create a world safe and secure from infectious disease threats and to elevate global health security as a national and global priority. Ethiopia's GHSA Roadmap reflects activities across all action packages and continued efforts in the area of border health. Some of the milestones that Ethiopia has projected to complete with GHSA support include the following:

- Establishing a surveillance system for antimicrobial resistance and to use data to inform clinical practice and treatment policy,
- Expanding the number of field epidemiologists nationally and increasing the number of surveillance officers trained on basic epidemiology,
- Developing Ethiopia's first biosafety and biosecurity monitoring and evaluation program to ensure safety and protection in laboratories and communities, and,
- Operationalizing the public health Emergency Operations Center to effectively and efficiently respond to outbreaks.

Immunization

Vaccines prevent an estimated 2.5 million deaths among children under five every year. Yet one child dies every 20 seconds from a disease that could have been prevented by a vaccine. CDC provides technical and programmatic expertise to meet national immunization goals and international resolutions to eradicate polio, reduce measles death, and to strengthen the national routine immunization program in Ethiopia. CDC also provides technical assistance to Ethiopia on the introduction of new vaccines to the routine immunization schedule, and operational research on access, utilization, and demand barriers to vaccine delivery. CDC investigates circulating vaccine-derived poliovirus cases and provides operational support for acute flaccid paralysis surveillance and supplementary immunization activities.



IMPACT IN ETHIOPIA



As of September 30, 2016, more than 399,366 men, women, and children received life-saving antiretroviral treatment (ART).



In FY2016, 3.2 million people were tested and 31,194 were HIV-positive.



In FY2016, 15,163 HIV-infected pregnant women were identified and 14,636 (97%) received lifelong ART.



An FELTP-Veterinary Track of the current FELTP program began in 2017 and it has already trained surveillance officers from 20% of 1,022 districts.

For more information please contact

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