

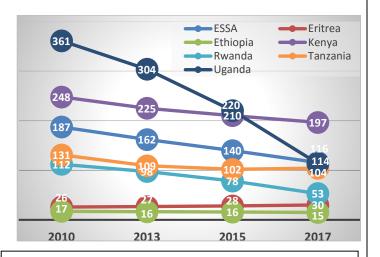
National Data ManagementCenter for health (NDMC)

Tracking progress in HIV/AIDS; Ethiopia vs regional countries

- Sustainable Development Goal (SDG) 3.3 targets to eliminate HIV from being a public health threat by 2030.
- Reducing new HIV infection and HIV/AIDS related mortality by 75% by 2020 from the 2010 baseline are major millstones set to monitor progress towards the SDG target.
- As the HIV/AIDS epidemic is stabilizing, the UNAIDS has endorsed composite measures for tracking countries progress towards SDG targets.
- Using Global Burden of Disease 2017 data, a team from the National Data Management Center for health (NDMC) at EPHI has tracked progress in HIV/AIDS prevention and control in Eastern Sub-Saharan Africa (ESSA) countries using recommended proposed composite measures.

Progress in reducing new HIV infection

- Slow progress in reducing new HIV infection has been recorded in ESSA region since 2010
- Except Uganda none of the ESSA countries would achieve 75% decline by 2020 to reach the SDG target.
 - Ethiopia recoded only 13.3 % decline
 - Eretria recorded 13.6 % increase



Acknowledgment

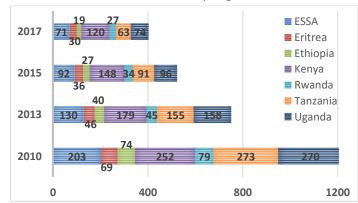
The NDMC at Ethiopian Public Health Institute (EPHI) acknowledges the Inistitute for Health Metrics and Evaluation (IHME) for the collaborative endavour to generate burden of diseases estimates for strengthen evidence informed health decion in

Progress in people living with HIV/AIDS

- The number of people living with HIV has stabilized across the countries since 2010
- Ethiopia has recorded a 23 % significant decline between 2010 and 2017.

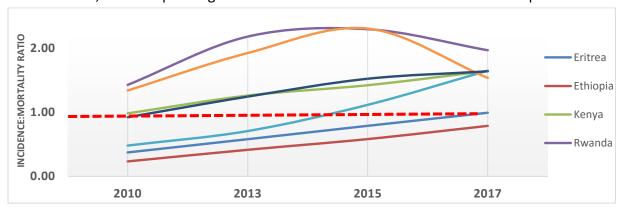
Progress in reducing HIV/AIDS deaths

- All the counties have recorded significant decline in HIV/AIDS related death rate between 2010 and 2017.
 - Ethiopia, Tanzania and Uganda have achieved the 75% decline needed to be reached by 2020.
 - Eritrea, Kenya d Rwanda are less likely to achieve the 2020 target unless they made accelerated progress.



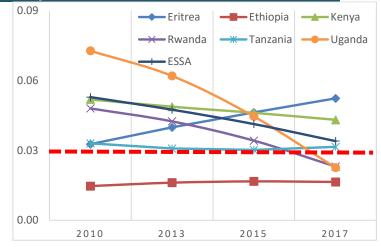
Tracking resource need; Incidence:mortality ratio

- Most ESSA countries have more new HIV infections than HIV/AIDS related deaths. By contrast, Ethiopia
 has more HIV/AIDS related deaths than new HIV infections
- UNAIDS proposed the use of Incidence:mortality ratio to forecast how current investments will impact future resource needs. A ratio greater than 1 indicate net increase in new HIV infections and the likely increase in the financial burden. A ratio less than 1 indicates net reduction in prevalent HIV cases due to mortality, and the likely decrease in financial burden.
- This ratio for Ethiopia has been consistently less than 1 due to high death rate
- Kenya, Rwanda, Tanzania and Uganda have a ratio of greater than one due to high rate of new infections, which implies high resource need to the countries to address the problem



Tracking progress; Incidence:prevalence ratio

- According to UNAIDS, Incidence:prevalence ratio of 0.03 is an epidemic transition benchmark that signal whether a given country is on track to end HIV from being a public health threat by 2030
- Ethiopia, Rwanda and Uganda have a ratio less than 0.03 and are on track to achieve the 2030 goal.
- In Eritrea the ratio has been increasing year by year since 2010 and the country is less likely to achieve the goal.



Conclusion

Ethiopia has recorded an HIV incidence:prevalence ratio of < 0.03 and reduced HIV/AIDS related mortality by 75% and is on track to achieve these two 2020 Fast Track targets but unlikely to achieve 75% reduction in new HIV infection between 2010 and 2020

About NDMC

The National Data Management Center for health at EPHI works in collaboration with the Global Burden of Diseases study group at the Institute for Health Metrics and Evaluation at the University of Washington. The GBD study is a systematic, scientific effort to quantify the comparative magnitude of health loss from diseases, injuries, and risks by age, sex, and population over time. The study includes contributions of more than 400 Ethiopian researchers. The goal of the study is to provide decision-makers with the best possible and most up-to-date evidence on trends in population health.

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