CDC in Ethiopia

The Centers for Disease Control and Prevention (CDC) established an office in Ethiopia in 2001. CDC works closely with Ethiopia’s Federal Ministry of Health and other partners to address HIV, tuberculosis, malaria, and other infectious diseases. CDC also supports efforts to build capacity in workforce development and health systems strengthening. CDC provides technical expertise to meet national immunization goals and international resolutions to eradicate polio, eliminate measles, and strengthen the national immunization program in Ethiopia.

AT A GLANCE

Per capita income: $1,890 (2017)
Life expectancy at birth: F 67 / M 64 yrs
Infant mortality rate: 40/1,000 live births

Sources:
World Bank 2018, Ethiopia
Population Reference Bureau 2018, Ethiopia

TOP 10 CAUSES OF DEATH

1. Neonatal disorders
2. Diarrheal diseases
3. Lower respiratory infections
4. Tuberculosis
5. Ischemic heart disease
6. Stroke
7. HIV/AIDS
8. Cirrhosis
9. Meningitis
10. Protein-energy malnutrition

Source: GBD Compare 2018, Ethiopia

Global Health Security

In today’s globally connected world, disease threats can spread faster and more unpredictably than ever before. CDC’s global health security efforts in Ethiopia help the country improve its ability to prevent, detect, and respond to infectious disease outbreaks before they become epidemics that could affect global populations. These efforts help Ethiopia reach the targets outlined in the Global Health Security Agenda (GHSA), a global partnership launched in 2014 to help make the world safer and more secure from infectious disease threats.

CDC provides expertise and support across the 11 technical areas known as GHSA action packages. These action packages help Ethiopia build core public health capacities in disease surveillance, laboratory systems, workforce development, and emergency management, as well as other critical areas. Ethiopia’s GHSA accomplishments include:

- Establishing a surveillance system for antimicrobial resistance
- Expanding the number of field epidemiologists and increasing the number of surveillance officers trained in basic epidemiology
- Developing Ethiopia’s first biosafety and biosecurity monitoring and evaluation program to ensure safety in laboratories and communities
- Operationalizing the national public health emergency operations center to effectively respond to outbreaks

Ethiopia is particularly vulnerable to the effects of zoonotic diseases, especially anthrax, brucellosis, and rabies. Therefore, Ethiopia uses a “one health” approach to its GHSA activities by bringing together human and animal health partners, recognizing that the health of people is connected to the health of animals and the environment. CDC helped to build laboratory capacity to test human and animal samples and support surveillance system improvements.
HIV and Tuberculosis

HIV is a leading cause of death and a health threat to millions worldwide. As a key implementing agency of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), CDC works with Ethiopia to deliver quality and high-impact HIV interventions to accelerate progress towards the UNAIDS global targets to control the HIV epidemic.

CDC partners with Ethiopia on comprehensive HIV treatment and prevention, TB/HIV co-infection, and laboratory systems. CDC supports Ethiopia’s efforts to reach HIV epidemic control by improving active case-finding, linkage to treatment, viral load testing, and adherence and retention of existing clients on antiretroviral therapy. CDC also supports the Ethiopia Public Health Institute to strengthen disease detection and response functions and to implement an integrated strategic plan for the nation’s laboratories.

Tuberculosis (TB) is the leading cause of death for people living with HIV. Since 2006, CDC has worked with the ministry of health to establish TB/HIV programs, now in almost 1,000 health facilities. Focus areas include improving quality of TB/HIV screening and treatment services, laboratory services, and surveillance systems. Renewed focus will be given to scaling-up TB preventive therapy, with the goal of reaching 90% coverage and completion rates among people living with HIV who are enrolled in care.

Field Epidemiology Training Program

Through the establishment of a Field Epidemiology Training Program (FETP), CDC supports Ethiopia in strengthening the capacity of its workforce to investigate and respond to disease outbreaks. FETPs train a workforce of field epidemiologists, —or disease detectives—to identify and contain outbreaks before they become epidemics. Participants focus on “learning by doing” to develop the skills for gathering critical data and turning it into evidence-based action. FETP fellows have responded to recent outbreaks of cholera, yellow fever, pertussis, guinea worm, and measles. Three levels of training—advanced, intermediate, and frontline—help develop national, regional, and local capabilities to stop diseases at their source. In Ethiopia, more than 650 fellows have graduated as of December 2018. FETP graduates lead a variety of initiatives such as training local health sector staff; updating guidelines; and making recommendations to improve hygiene standards, control mosquito-borne diseases, and increase vaccine coverage.

Malaria

Malaria is a leading cause of death and disease in many countries, instead young children and pregnant women are the groups most affected. Under the U.S. President’s Malaria Initiative, a CDC resident advisor has been assigned to Ethiopia to support the implementation of malaria prevention and control interventions.

CDC’s technical support activities include investigation of malaria vector insecticide resistance, investigation of long-lasting insecticide-treated nets durability, and continued support of Ethiopian health staff enrolled in FETPs. The U.S. government’s support has positioned Ethiopia for malaria elimination in more than 230 districts nationally.

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, eliminate measles, and strengthen the national routine immunization program in Ethiopia. CDC provides technical assistance on the introduction of new vaccines to the routine immunization schedule and operational research on access, utilization, and barriers to vaccine delivery. CDC assists with the investigation of circulating vaccine-derived poliovirus cases and provides operational support for polio surveillance and supplementary immunization activities.

CDC IMPACT IN ETHIOPIA

As of September 2018, more than 466,604 men, women, and children were receiving life-saving antiretroviral treatment (ART).

Almost 6 million people were tested for HIV between October 2017 and October 2018.

Between October 2017 and October 2018, 13,707 HIV-positive pregnant women were identified, and 100% were receiving lifelong ART in CDC-supported sites to improve their survival and to reduce the risk of mother-to-child transmission of HIV.

As of December 2018, 372 fellows graduated from the advanced track of the Field Epidemiology Training Program (FETP), reaching 70% of the GHSA target.

An additional 291 fellows graduated from the FETP frontline track from 25% of Ethiopia’s 1,021 districts, with plans to reach the GHSA target of 80% coverage by the end of 2019.

For more country information, visit: www.cdc.gov/globalhealth/countries/ethiopia

For more information, please contact:
Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30329-4018
www.cdc.gov/global
Email: cdcglobal@cdc.gov

Publication Date August 2019