

CDC in ETHIOPIA

Factsheet



Funding: \$125,801,869
Staffing: 15 U.S. Staff
83 Ethiopian Staff



Impact in Ethiopia

- From 2003-2007, AIDS-related mortality in Addis Ababa declined by **60%**
- **163,100** individuals receiving antiretroviral treatment
- **8,300** HIV-positive pregnant women receiving antiretroviral prophylaxis for preventing mother to child transmission (PMTCT) of HIV
- Over **6.4 million** people protected from malaria via indoor residual spraying in 2009
- **4.5 million** ITNs distributed to families in Ethiopia since 2005
- **2.2 million** Malaria Rapid Diagnostic Test (RDT) kits distributed

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.

PEPFAR: HIV/AIDS and Public Health Systems Strengthening

CDC-Ethiopia engages with local partners to provide technical expertise and support to scale-up country-owned programs in blood safety, male circumcision, behavioral change communications, prevention of mother-to-child transmission (PMTCT), TB/HIV, pediatric and adult antiretroviral treatment (ART), laboratory infrastructure, and strategic information. CDC-Ethiopia builds local capacity to establish and utilize government information systems, conduct surveillance, surveys and studies, integrate comprehensive laboratory services nationwide, and respond to public health emergencies and epidemics.

Malaria

CDC-Ethiopia is part of the President's Malaria Initiative (PMI) whose efforts in Ethiopia focus on reducing malaria related deaths in Oromia Regional State. PMI supports the procurement and distribution of insecticide treated bed nets, improved pre-service training for management of acute malaria and anemia in pregnant women, comprehensive case management of fever cases, distribution of rapid diagnostic tests and effective antimalarial drugs, and improved data and information management for operations research, surveillance, and monitoring and evaluation activities.

Influenza

CDC builds laboratory and epidemiologic surveillance capacity to determine seasonality and burden of influenza disease in Ethiopia. CDC established three sentinel sites in Addis Ababa and provided on-site technical assistance and supportive supervision at the sites. CDC also improved capacity of laboratories to detect influenza viruses at the Ethiopian Health and Nutrition Research Institute and provided training for laboratorians and surveillance officers. In 2009, CDC established an emergency operating center under the emergency public health management directorate.

Tuberculosis Elimination

CDC provides technical support to the Federal Ministry of Health (FMOH) and partners to expand TB/HIV efforts. CDC's programmatic focus in Ethiopia is to prevent TB/HIV through technical assistance and programmatically relevant research. Key activities include conducting a pediatric TB/HIV surveillance evaluation, evaluating the impact of TB screening in HIV-infected persons, intensifying TB case finding among HIV-infected persons, and integrating TB and HIV prevention efforts.

Immunization Strengthening

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.

Top 10 Causes of Deaths in Ethiopia

1.	Lower respiratory infections	12 %
2.	HIV/AIDS	12 %
3.	Perinatal conditions	8 %
4.	Diarrheal diseases	6 %
5.	Tuberculosis	4 %
6.	Measles	4 %
7.	Cerebrovascular disease	3 %
8.	Ischaemic heart disease	3 %
9.	Malaria	3 %
10.	Syphilis	2 %

Source: WHO World Health Statistics, 2006

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



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.

Management Capacity Building Program

The Ethiopian Public Health Management Capacity Building Program was established in 2007 to improve the speed of antiretroviral therapy scale-up and the quality of HIV/AIDS care and treatment in Ethiopia. The program's efforts focus on improving outcomes from work processes among national and regional lab managers and the prevention of mother to child transmission of HIV in the Oromia region.

Global Tobacco Surveillance

Ethiopia conducted the Global Youth Tobacco Survey (GYTS) in 2003 and will attend the GYTS Training Workshop in October 2010. CDC provides Ethiopia financial and technical support including establishment of standard survey operating procedures, survey design and sample selection, data management and processing, training and technical assistance in data analysis and reporting, and global data release.

Waterborne Diseases Prevention

CDC provided technical assistance to Population Services International to launch Wuha Agar, a water treatment product, and found through a study that promoting and distributing water chlorination products via antiretroviral clinics is an effective way to increase utilization of them. CDC also developed guidance on safe water implementation strategies and collaborated with partners to evaluate the health impact of interventions in a basic care package.

Global Migration and Quarantine

Ethiopia is an important source country of immigrants, refugees, and adoptees in the US. CDC manages medical guidelines for physicians who perform required exams for immigrants and refugees bound for the US in Ethiopia. CDC also investigates hepatitis A in orphan care centers in the country to reduce infection and prevent outbreaks.

Poxvirus and Rabies Prevention and Control

In 2009, CDC personnel provided epidemiological support and laboratory training in diagnostics to staff at the Ethiopian Health Nutrition Research Institute in Addis Ababa, Ethiopia. CDC has also provided technical transfer of seed viruses and reagents towards modern human and animal rabies vaccine development.

Leishmaniasis National Control Program

CDC provides epidemiological expertise and consultation to the Leishmaniasis National Control Program in Ethiopia, which assesses disease burden and risk factors, and is developing a control strategy for visceral leishmaniasis (VL).

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