

**Dr. Tadesse Wuhib**  
**Country Director, CDC-Ethiopia**  
**Speech on the Opening of National Pediatric Conference**  
***“Expanding Access to Pediatric HIV/AIDS Care and Treatment in Ethiopia:  
Challenges & Prospects”***

**Wednesday, January 25, 2006 Hilton Hotel, Addis Ababa, Ethiopia**

Distinguished invited guests, ladies and gentlemen,

I am delighted to be here with you at the opening of this important conference that will discuss long overdue area of great importance - the *Challenges & Prospects of Expanding Access to Pediatric HIV/AIDS Care and Treatment in Ethiopia*.

In just a little over two decades, HIV/AIDS has become one of the foremost challenges of our time -- and also of Ethiopia, -- which, with 1.5 million infected, has become one of the countries most affected by the HIV/AIDS pandemic in the world. Due to HIV/AIDS, children not only lose their parents, but also their lives and their childhood as well.

In Ethiopia, the Ministry of Health estimates that in 2005, 112,000 children to be living with HIV/AIDS, 59,000 to require antiretroviral treatment – and 679,000 to have been orphaned. These children deserve and have the right to standard of care provided in the country.

The United States Government is concerned for the people and children of Ethiopia and for the enormous impact that a pandemic can have on the development and stability of Ethiopia. Such are the reasons why it launched in January of 2003 the President Bush’s Emergency Plan for AIDS Relief or PEPFAR - unprecedented five-year, \$15 billion dollar commitment to fight global HIV/AIDS.

Ethiopia is one of the fifteen focus countries to benefit from this Initiative -- and has received \$43 million the first year, \$73 million in the second year we are implementing now --- and is set to receive 101 million US dollars beginning April 2006 for the 3<sup>rd</sup> year of implementation.

PEPFAR is comprehensive addressing prevention; care including orphans, and treatment including antiretroviral treatment as well as capacity building endeavors. In regards to children, PEPFAR in Ethiopia is supporting strategies to prevent infections from mother to child so the children remain infection free in the first place -- to care for the children if they become orphans – laboratory support to diagnose infections in infants -- and to provide care including cotrimoxazole prophylaxis, support, and treatment if they become infected.

Currently, PEPFAR in collaboration with the Ministry of Health is supporting PMTCT services at 55 hospitals and 81 health centers and to date over 53, 000 have been counseled -- and over 1,600 mothers and 1,300 infants have received nevirapine intervention. PEPFAR plans to support in 2006 additional 52,000 mothers to be counseled and tested at a budget of 2.4 million US dollars.

Children were practically left out of the for-pay national ART treatment program that was launched in July of 2003 -- but were included in significant way with the launch of the free program in January of 2004. PEPFAR through CDC and USAID and its implementing partners of I-TECH, Johns Hopkins University, Columbia University, University of California San Diego and RPM Plus have been engaged in supporting the government' efforts in antiretroviral treatment since the beginning of the ART program in Ethiopia -- including with development of Guidelines, implementation manuals, and training materials for use of Antiretroviral Therapy and implementation of nationwide programs; --- training of physicians, nurses, counselors, pharmacists and laboratory technicians; --- procurement of antiretroviral drugs; --- with the roll out of treatment program now to 54 hospitals across the country providing treatment to a little over 20,000 people; ---- and ensuring provision of quality care and treatment by providing implementation support at the facility level.

At every step, children have been made part and parcel of these endeavors: pediatrics section was incorporated in the guideline and implementation manuals and now in the standard ART training material, -- also included in training of pediatricians and others involved in their care, -- in establishment of diagnostic capabilities for testing children

under the age of 18 months -- and in the treatment program itself. Currently, 800 children are receiving antiretroviral treatment.

PEPFAR in collaboration with the Ministry of Health in 2006 aims to expand treatment services to 89 hospital networks and place 80,000 individuals on treatment by March 2007. We also have set a target of 5,250 children to put on treatment during this period. Total PEPFAR budget allocated for treatment is a little over 50 million US dollars that includes 2.5 million US dollars for pediatric drugs and services.

Despite these efforts, pediatric interventions continue to lag far behind that of adults. Significant numbers of children continue to die from HIV/AIDS unnecessarily because of a lack of access to ARV treatment – both from a lack of cheap feasible diagnostic tests for children under 18 months, -- lack of trained health personnel, -- affordable child-friendly ARV drugs and -- insufficient commitment by some responsible bodies and persons to put children on the agenda. Government's and others' efforts in collaboration with the Clinton Foundation to achieve reductions in the prices of pediatric medications and better and friendly pediatric ARV formulations should be lauded and supported by us all.

Thus in this light, I consider this conference to be timely in trying to understand the plight of children, in bringing concerned bodies on board, and in identifying and understanding the challenges faced -- in order to develop an action plan to overcome these challenges so children infected and affected by HIV/AIDS receive their fair share under these initiatives.

I believe the conference will serve as one of a series of events needed to reinvigorate the issue of pediatric HIV/AIDS. The themes and focus areas to be addressed during the conference are of tremendous importance to make meaningful change in pediatrics HIV/AIDS care and treatment in Ethiopia.

It is also timely as we are at a cross road on the fight against this epidemic – given now more than any other time in the past we have convergence of knowledge, finance, and

commitment of government and national and international communities to HIV/AIDS in general – paving the way to enable us all to turn the conferences’ recommendation immediately into action to address the plight of children.

I want to thank the Federal Ministry of Health, and Columbia University and my staff at CDC who worked very hard to make this important conference possible.

I also want to thank you all local as well as international participants for taking the time from your busy schedule to be here today --- I wish you all a pleasant stay and successful conference.

Thank you

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