

Opening Address from Federal Ministry of Health/HAPCO
25 January, 2006

Dear Conference Participants,

Since the first reported HIV/AIDS case in 1986, the epidemic has spread at an alarming rate in Ethiopia. The 2005 adult prevalence projection indicates that 12.5% of the urban and 3% of the rural population is living with HIV/AIDS. The national prevalence is 4.7%. Though young children are not the main actors in the global spread of HIV infection, they share the burden of increased morbidity and high mortality associated with the virus. In developing countries, more than 90% of pediatric HIV/AIDS results from mother to child transmission (MTCT). Transmission occurs during pregnancy, labor and delivery, and through breastfeeding

Out of the 1.7 million people living with HIV and AIDS in the country, 122,000 are children below the age of 15 years. There are an estimated 679,000 AIDS orphans. If current trends persist, by 2007 this figure will rise to 1.8 million, and by 2014, to 2.5 million children. In 2003, a total of 128,000 HIV-positive pregnancies and an estimated 35,000 HIV-positive births occurred in Ethiopia. Among children aged 0-14 years, there were 35,000 new HIV infections, 25,000 new AIDS cases, and 25,000 AIDS deaths.

At present, there are proven public health and clinical interventions that significantly reduce the rate of MTCT. Universal counseling and voluntary testing of pregnant mothers and, when found to be positive, provision of single dose Nevirapine to the mother and the baby at the time of birth, counseling on infant feeding options, and provision of HAART to the mother when indicated, are proven interventions to reduce MTCT. The rate of MTCT has dropped to less than 1% in the developed world and there is talk about complete eradication of pediatric HIV infection.

Despite our poor health service delivery capacity and limited economic resources, we need to move to action to reduce the rate of HIV transmission from the mother to the baby. We not only need to expand and increase the accessibility of PMTCT services in the health facilities, we need to implement strategies that would increase PMTCT uptake by pregnant mothers reaching the health services. We need to increase the awareness of parents, including males, that with the available health services in the country, they can significantly reduce the chance of having an HIV-infected baby. This would avoid the unnecessary suffering of the innocent child in particular, and the whole family, in general.

We need to provide care, treatment, and support to children infected and affected by the HIV/AIDS epidemic. HIV/AIDS disrupts the family structure by destroying the family nucleus - the parents - so provision of HIV/AIDS care and treatment should be family-focused. Mothers, fathers, and other members of the family should be enrolled in the care and treatment programs.

Providing care and treatment to infected children will prolong and improve their quality of life. Children in the developed world have been the beneficiaries of these interventions long ago. The simple administration of cotrimoxazole prophylaxis for HIV-exposed and HIV-infected children has been shown to save lives. Now, with the use of HAART, many children who would have died before their fifth birthday are now entering into adulthood. Such great gains would not have been possible without the commitment of governments, the public, and the scientific community.

Highlights of major HIV/AIDS initiatives undertaken by the FMOH.