Ethiopia

Health Section HIV/AIDS

Sectoral and OR+ (*Thematic*) Report

January– December 2018

Berhan Zebraruk, 25, with her nine-month-old boy Awot Kaleab in Dugem health post ©UNICEF Ethiopia/2017

Prepared by

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Abbreviations and Acronyms

AFG	AIDS-Free Generation
ALHIV	Adolescents Living with HIV
ANC	Antenatal Care
ART	Antiretroviral Therapy
AYH	Adolescent and Youth Health
CCM	Country Coordination Mechanism
CHAI	Clinton Health Access Initiative
CLHIV	Children Living with HIV
ECO	Ethiopian Country Office
EDHS	Ethiopian Demographic and Health Survey
EID	Early Infant Diagnosis
EMTCT	Elimination of Mother to Child Transmission
EPHI	Ethiopian Public Health Institute
ESAR	Eastern and Southern Africa Region
FHAPCO	Federal HIV/AIDS Control Office
FMOH	Federal Ministry of Health
GOE	Government of Ethiopia
GTP	Growth and Transformation Plan
HAART	Highly Active Anti-Retroviral Treatment
HEI	HIV-Exposed Infants
HSTP	Health Sector Transformation Plan
JUNTA	Joint United Nation Team for AIDS
MNCH	Maternal, Neonatal, and Child Health
PMTCT	Prevention of Mother to child Transmission
POC	Point of Care
SDG	Sustainable Development Goals
TF	Thematic Funding
UNDAF	United Nations Development Assistance Framework

Executive Summary

UNICEF Ethiopia has been supporting the Ethiopian HIV/AIDS epidemic response using a life cycle and decade-based approach. The approach focuses on the prevention of mother-to-child transmission of HIV (PMTCT), early infant diagnosis (EID) and paediatric HIV care and treatment in the first decade of children's lives, as well as treatment and prevention of HIV/AIDS in adolescents in the second decade. It thus aligns itself with the broader Sustainable Development Goals (SDGs), the global UNICEF strategic plan, Ethiopia's Health Sector Transformation Plan (HSTP) and the HIV/AIDS Investment Case Strategic Plan for the Ethiopian Federal Ministry of Health (FMOH), the country United Nations Development Assistance Framework (UNDAF) document and the country Joint UN Team for HIV/AIDS (JUNTA) Plan.

As a member of the Country Coordination Mechanism (CCM) and various government-led technical working groups, UNICEF has been proactively participating in defining the strategic direction for the HIV response and overall health system strengthening for the first two decades of life. Focus has been on quality and equity of services, development of key national documents, training of healthcare workers, and performance monitoring and reviews. UNICEF has made significant technical contributions to the development of national strategies for the elimination of mother-to-child transmission (EMTCT) of HIV and congenital syphilis, national adolescent and youth health strategies, health care worker orientation materials for point of care diagnosis for HIV in infants (POC-EID), implementation guidelines for POC-EID, and various job aids including desktop references.

Through funding made available for combating HIV from various sources, including Thematic Funding (TF), the UNICEF health section has supported the expansion of HIV care and support services, including PMTCT and paediatric HIV care across the country, contributing to the progressive decline in the national HIV prevalence rate- from 1.5 per cent in 2011 (Ethiopian Demographic and Health Survey - EDHS 2011) to 0.9 per cent (Ethiopian Demographic and Health Survey - EDHS 2016). In addition, UNICEF's work has contributed to the decrease in the MTCT rate from 35 per cent in 2001 to 21 per cent in 2017 (UNAIDS estimate, 2018).

Despite this contribution to improve the HIV response programme, challenges remain in the national response to HIV in general and PMTCT and paediatric HIV care and treatment (including adolescent care and treatment) in particular. There is an observable disparity in terms of the prevalence and magnitude of response among regions. UNICEF has included PMTCT and paediatric HIV care among the priority areas within the current country programme. As such, UNICEF will continue providing technical support to the government to ensure that pregnant women, women in labour, and lactating mothers living with HIV receive appropriate treatment in order to decrease the risk of mother-to-child transmission of HIV. Support will also ensure that HIV-exposed infants (HEI) benefit from the appropriate diagnostic services, children living with HIV (CLHIV) receive timely care and remain on care and treatment, and adolescents living with HIV (ALHIV) are identified, enrolled in and remain in care and treatment programmes, including psychosocial support. Moreover, UNICEF will continue advocating for the identification and early care of adolescent girls living with HIV to ensure that this population group draws maximum benefits from the PMTCT programme.

Strategic Context

The current response to the HIV/AIDS epidemic in Ethiopia is guided by the strategic plan developed for the period from 2015-2020 and uses an investment case approach. The investment case, aligned to the national Growth and Transformation Plan (GTP) and the Health Sector Transformation Plan (HSTP), responds to the global ambition of ending AIDS by 2030 by averting thousands of new HIV infections and saving millions of lives by 2020. As such, the targets set in the strategic plan contribute to meeting SDG 3 and are in line with the fast-track strategy: the three 90's (90-90-90)- targets set by UNAIDS to help end the HIV/AIDS epidemic.

Attaining virtual elimination of mother-to-child transmission of HIV (EMTCT) has been one of the four overarching strategic objectives of the investment case. It is envisaged to be realized by intensifying primary HIV prevention among women and men, universal HIV testing of all pregnant women, and improving the provision of family planning services to HIV-positive women by integrating family planning services with the PMTCT programme and treating all pregnant women, women in labour, and lactating mothers and their children with highly active anti-retroviral treatment (HAART) if they are found to be HIV positive (option B+). The country also developed the second EMTCT (2017-2020) strategy to further guide the national PMTCT response within almost the same period of time.

Given all the efforts made thus far, Ethiopia is witnessing a progressive decline in the national HIV prevalence rate (1.5 per cent in 2011, EDHS 2011 to 0.9 per cent in 2016, EDHS 2016), evidence that the country is moving away from the status of a "generalized epidemic." However, given the country's size, ethnic and cultural diversity, and population mobility due to fast economic growth and disaster-induced migration, several factors contribute to the heterogeneity of the HIV epidemic, including: gender, age, geographic variations and other demographic characteristics.

Women are almost twice as affected as men (Fig 1), and regions such as Gambella, where conditions are favourable for the continuous transmission of HIV among the communities, have a prevalence rate of 4.8 per cent, well above the national average (EDHS, 2016) (Fig 2). Large and growing cities are also becoming predominant hot spots for HIV transmission due to their potential to attract people from various backgrounds for flourishing job opportunities, among other reasons. A number of assessments have shown a disproportionately high prevalence of HIV among female commercial sex workers (23 per cent), truck drivers (5 per cent), prison inmates (4 per cent) and people who inject drugs (IDUs) (6 per cent)[1].

[1] FHAPCO. Two-year Performance Review: Ethiopia National HIV/AIDS Strategic Plan 2015-2020, May 2017

Figure 1: Percentage of men and women who are HIV positive, EDHS 2016

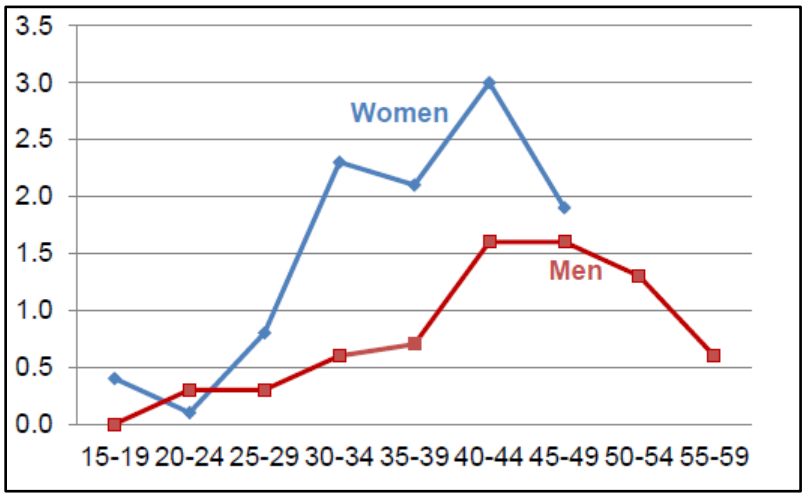
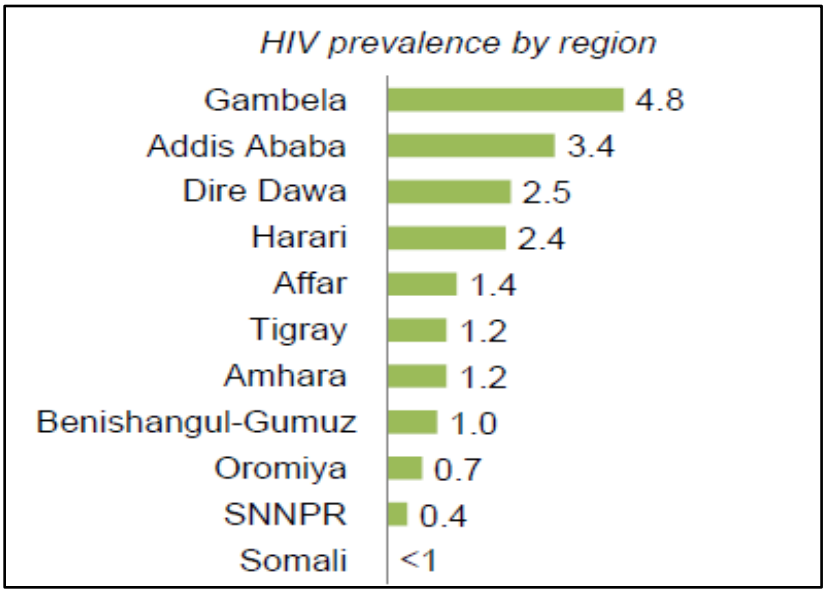


Figure 2: HIV prevalence by region, EDHS 2016



While there have been great achievements in many areas of the national response, there are still considerable challenges hindering progress towards achieving virtual elimination of HIV in children—as more than 95 per cent of children living with the virus acquire it from their mothers. The two-year performance review of the implementation of the current strategic plan conducted by the Federal HIV/AIDS Prevention and Control Office (FHAPCO) in early 2017 revealed several issues, including an unrealistic sense of security and complacency among people due to the decline in HIV prevalence and poor patient retention and adherence to care and treatment, including PMTCT. Lack of data on adolescents living with HIV (ALHIV) is a major hindrance in programming for adolescents. Above all, the progressive decline in the global financial support for combating HIV has curtailed progress of primary prevention interventions.

UNICEF Ethiopia's support to the government in the national response to the HIV/AIDS epidemic is guided by the UNDAF's strategic direction which has been developed jointly by JUNTA[2] and is aligned both to the national priorities and UNICEF's global strategic response for HIV. UNICEF's 2014-2017 vision and direction for headquarters, regional, and country offices was to support national programmes to achieve an AIDS-free generation (AFG). Globally, UNICEF's priorities in terms of HIV/AIDS interventions have traditionally been focused on the first and the second decades of life. The first decade response focuses on PMTCT, early infant diagnosis of HIV (EID) and care and treatment of HIV-infected children, while the second decade response focuses on prevention and treatment of HIV in adolescents.

Results in the Outcome Area

Over the last two years, UNICEF has been supporting FMOH and other partners to ensure that proven HIV prevention and treatment interventions are provided to infants, children, adolescents and pregnant women. UNICEF's support has largely been technical and advocacy-related, especially to FMOH and FHAPCO. Achievements have been registered at various levels in the effort to support country progress in these areas. UNICEF has taken the advantage of the flexibility of thematic funding to close important financial gaps for PMTCT, paediatrics HIV care and treatment and EID activities at the federal, region and facility levels. At the point of care level, the funding has strengthened the maternal, neonatal, and child health (MNCH) platform where PMTCT services are provided in an integrated fashion. Thematic funding has contributed to the overall process, output and outcome level achievements:

Process level achievements

1. ***Support in defining strategic directions for HIV response and overall health system strengthening for the first two decades of life, focusing on quality and equity***

   UNICEF's health section has been participating in national discourse and dialogues for better programming for children, adolescents and mothers through an equity and quality-based approach. Between 2017-2018, UNICEF advocated and worked with the Clinton Health Access Initiative (CHAI) for the Government of Ethiopia (GOE) to introduce point of care (POC) diagnostic interventions for EID of HIV. This has culminated to the successful initiation of POC for EID in 58 health facilities using Gene X-pert, an equipment which was installed in facilities for diagnosis of tuberculosis but is now being used for EID as well. Preparation is underway to expand the service to 50 additional health facilities. This intervention is demonstrated to provide greater access to EID and children who are born to HIV-positive mothers as state-of-the-art equipment is placed in health facilities closer to more of the population in need. Early diagnosis means early identification of infected children and immediate enrolment for care and treatment—the central focus of care of HIV exposed infants.

   UNICEF health and child protection programmes worked closely with FMOH and FHAPCO to embrace the ALL-IN initiative to end AIDS in adolescents. This initiative aims to focus on adolescents by conducting an in-depth analysis of the nature of the HIV epidemic and the HIV response targeting adolescents and helps to choose the appropriate tools to properly respond to their needs. From an equity point of view, UNICEF has greatly advocated for the selection of hotspot geographic locations

[2] Outcome: By the year 2020, targeted population groups have improved access and use quality, equitable, gender responsive and sustainable, HIV prevention, treatment, care and support services.

of HIV transmission where the declining HIV resources would not only be channelled to the most disadvantaged areas but also bring about a greater return on the investment.

2. Support in the development of national documents

UNICEF continued providing quality technical support to FMOH and FHAPCO to develop various national documents related to HIV/AIDS. These include strategic documents, technical and implementation guidelines, training/orientation materials, job aids and supervision and monitoring tools. UNICEF has significantly contributed to the development of strategic documents for EMTCT and adolescent and youth health (AYH), among others. UNICEF's role ranged from participating in a series of dialogues to conceptualize the development of the documents to supporting the process of drafting and reviewing them. Documents that were specifically developed during the reporting period include training material for PMTCT cohort monitoring, orientation materials for health care workers on care of HEI, PMTCT service desktop reference for health care workers, implementation guidelines for EID point of care technologies, among others. The full list of documents that UNICEF participated in preparing including those done during the reporting period can be found in Annex 1.

3. Support in training of healthcare workers

UNICEF provided financial support for the training/orientation of 448 health workers on PMTCT, psychosocial support to ALHIV, adolescent and youth health and POC-EID across the country. These trainings have transferred knowledge and skills to health staff from regional health bureaus (RHBs) and health facilities, including health centres, hospitals and universities.

4. *Support in planning, performance monitoring, and supervision*

UNICEF participated in the initiation, implementation, supervision and monitoring of POC- EID and provided feedback to improve project performance in the utilization of equipment, sharing of information between lab and clinical staff, and linkage of people who were HIV-positive to care and treatment. UNICEF along with CHAI advocated for service integration and efficient use of resources which resulted in the initiation of EID for HIV in those facilities using the same equipment.

UNICEF also technically supported the 2018 midterm review for the performance of the national HIV/AIDS programme through facilitating the participation of senior HIV experts from UNICEF's Eastern and Southern African Regional Office (ESARO). Findings of this review are expected to inform the revision of the national strategic plan for the remaining period between now and 2020.

UNICEF also participated in the national consultative workshop on EMTCT of HIV and syphilis in December 2018, which was followed by the development of a two-year improvement plan for accelerating performance by each region of the country. The preparation of an aggregated plan is currently underway.

Output level achievements

- ***Prevention of mother-to-child transmission of HIV***

Testing of women (with or without their partners) for HIV is now an integral part of the antenatal care (ANC), labour and delivery and postnatal care in most of the health facilities (hospitals and health centres) in Ethiopia. The country has already adopted and rolled out "option B+" to more than 2,800 health centres and hospitals across all regions. Under this option, all pregnant, labouring and lactating women who are living with HIV are started with lifelong antiretroviral therapy (ART) regardless of their CD4 count or disease stage. Women who are newly diagnosed with HIV in ANC, labour and

delivery, or post-partum are started with ART in PMTCT rooms which are staffed with healthcare workers (mostly midwives and nurse supervised by physicians) who are well-trained and can provide the required care, support and treatment.

Post-test counselling, including adherence to treatment and follow-up, is provided in the same room. Adherence counselling and other life skills education, including Prevention for Positives, is supplemented by adherence supporters (peer educators) and mother support groups (MSG) who are available in the health facilities most of the time during working days. According to a global estimate by UNAIDS, the proportion of pregnant women living with HIV receiving the most effective ARVs for PMTCT (option B+) in Ethiopia was 59 per cent in 2017 (UNAIDS estimate, 2018). While there has been progress since 2010 (when the rate was 28 per cent), more work is required to reach the level of better performers in the region, such as Namibia, South Africa, Uganda and Zimbabwe which have all achieved more than 95 per cent.

- ***HIV-exposed infant care (emphasis on early infant diagnosis)***

According to the PMTCT implementation guidelines for Ethiopia, all infants born to mothers who are living with HIV are expected to have a virologic test (DNA-PCR) as early as 4-6 weeks of age. There are now only 22 conventional testing machines for this test which have been placed at 19 regional laboratories across the country, and which are criticized as being inaccessible to most communities in need. This has been one of the reasons for the consistently low national rate of EID by two months of age, although some progress has been documented (28 per cent in 2012 versus 62 per cent in 2018) (*see Table 1*). Some countries in the Eastern and Southern Africa Region (ESAR), including South Africa, have much better performance on this indicator. For example, South Africa's rate of EID at two months of age was more than 95 per cent in 2017.

Table 1: Trend of PMTCT indicators, Ethiopia[3]

Indicator	2010	2012	2016	2017	2018[4]
Antiretroviral prophylaxis (treatment)	28%	61%	69%	59%	Data N/A
Early Infant Diagnosis	47%	28%	50%	38%	62%
Transmission at 6 weeks	16%	10%	8%	Not available	Data N/A
Transmission beyond 6 weeks	30%	22%	8%	21%	Data N/A

Outcome level achievements

- ***Transmission rate***

One of the major desired outcomes for a national PMTCT programme is a low transmission rate of HIV from mothers to their infants. The mother-to-child transmission (MTCT) rate of HIV in 2017 was 21 per cent[5], higher than that of 2016 (16 per cent) and even much higher than most countries in ESAR. For instance, Botswana and South Africa have MTCT rates of 5 per cent each in 2017[6]. The

[3] UNAIDS HIV Estimates, July 2017
[4] National performance data, Dec 2018
[5] UNAIDS HIV Estimates, 2018
[6] UNAIDS HIV Estimates, 2018

country aims to reduce the transmission rate beyond 6 weeks to below 5 per cent by 2020, a goal which will require a great deal of work.

- ***Treatment and care for paediatrics and adolescents living with HIV***

As of mid-2014, Ethiopia has adopted a test and treat strategy for all children under 15 years of age. This strategy recommends putting all CLHIV on ART without waiting for additional diagnostic interventions, and irrespective of their immune status and disease stage. All sites providing paediatric ART in the country (over 1,000 sites) are implementing this strategy. However, the rate of enrolment for paediatric ART after four years of implementation was around 40 per cent. While this is still better than the 12 per cent in 2010, it is far below the same rate for adults in 2018 (75 per cent). On the other hand, the rate of progress for children has been better than that for adults (increasing from 12 to 40 per cent from 2010-2016 for children compared to an increase from 34 to 75 per cent for adults during the same timeframe) (*see Table 2*). Countries in ESAR such as Kenya and Namibia have progressed relatively well on this indicator (Kenya, 65 per cent; Namibia, 66 per cent)[7]. Due to a lack of relevant data on care and treatment for adolescents, it is not possible to do a similar analysis for this population group. But given the fact that adolescents in general have long been underserved, it is unlikely that Ethiopia will witness a better trend with regards to treatment and care for ALHIV.

Table 2: Trend of ART indicators, Ethiopia[8]

Indicator	**2010**	**2015**	**2016**	**2018[9]**
ART for adults >15	34%	57%	61%	75%
ART for children 0-14yrs	12%	57%	35%	40%

Challenges

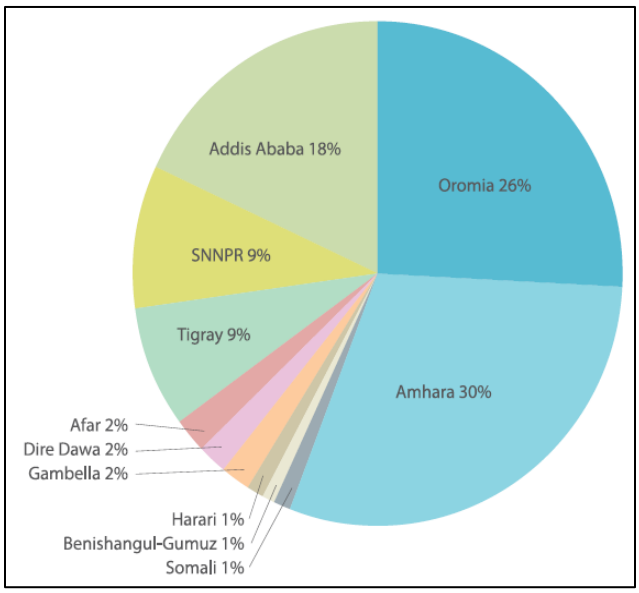
The fact that the distribution of HIV infection is not homogenous across regions and population groups means that the country needs to design different approaches of HIV response that can address these variations. However, some regions like Amhara have less prevalence of HIV than most other regions yet host larger numbers of PLHIV because of absolute population—requiring a more strategic focus in terms of resource allocation for care and treatment (Fig 3).

[7] UNAIDS HIV Estimates, July 2017

[8] UNAIDS HIV Estimates, July 2017

[9] National performance report

Figure 3: Distribution of PLHIV by region, HIV prevention in Ethiopia, National Road Map, 2018-2020



The two-year performance assessment of the current strategic plan indicates that, generally, HIV response across all regions has focused more on testing and treatment than prevention. As a result, prevention interventions appear to be less structured and specific. Community-focused approaches to prevention are limited in scope and coverage. Behavioural patterns seem to reflect the effects of this reduced focus on prevention, necessitating a reprioritization of targeted prevention strategies for the key populations at higher risk. Moreover, community engagement in paediatric diagnosis and treatment is limited. Leadership, coordination and partnership structures are in place but with significant variations in commitment and functionality.

PMTCT and paediatric HIV responses still have a long way to go to achieve the national goal of having an AIDS-free generation. Nearly 40 per cent of the HIV-exposed infants in Ethiopia are not receiving the right diagnostic interventions at the appropriate time, and enrolment for paediatric HIV treatment remains low.

Financial Analysis

The UNICEF health section has utilized all the US$136,952 received in the thematic funding for 2018. The flexibility of this funding allowed UNICEF to close important financial gaps for PMTCT activities at the federal and regional levels. At the point of care level, the funding strengthened the maternal, neonatal, and child health (MNCH) platform where PMTCT services are provided in an integrated fashion. Activities supported included, among others, training of healthcare providers on comprehensive PMTCT and supportive supervision to ensure smooth implementation of programmes.

Table 1. Planned and Funded for the Country Programme, UNICEF Ethiopia 2018 (USD)

Intermediate Results	Funding Type	Planned Budget
MNCH-PMTCT	RR	30,000
	ORR	136, 953
Total Budget		**166,953**

Table 2. Thematic Contributions Received for Thematic Pool 5 by UNICEF Ethiopia, 2018 (USD)

Donors	Grant Number*	Contribution Amount	Programmable Amount
Canadian Committee for UNICEF	SC149902	143,800	136, 953
Total		**143,800**	**136,953**

Table 3. Expenditures by Key Results Areas, UNICEF Ethiopia, 2018 (USD)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health	287,803	10,629,369	3,737,991	14,655,163.46
21-02 Immunization	299,510	2,422,579	1,420,411	4,142,499.569
21-03 Child Health	6,351,314	4,303,134	3,181,110	13,835,558.05
21-04 Prevention of stunting and other forms of malnutrition	3,180,374	10,799,770	2,789,174	16,769,318.24
21-05 Treatment of severe acute malnutrition	24,526,388	4,246,004	1,978,706	30,751,097.91
21-06 Treatment and care of children living with HIV	7,592	644,889	505,301	1,157,782.07
21-07 HIV prevention	2,980	254,450	196,715	454,144.78
21-09 Adolescent health and nutrition	24,969	233,058	204,750	462,777.40
Total	**34,680,931**	**33,533,253**	**14,014,157**	**82,228,341.49**

NB: HIV/AIDS the expenses are prorated results areas 21-06 and 21-07 in prorated goal area 21 Survive and thrive.

Table 4. Thematic expenses by Key Results Areas, UNICEF Ethiopia, 2018 (USD)

Organizational Targets	Expenditure Amount*		
	Other Resources - Emergency	Other Resources - Regular	All Programme Accounts
21-01 Maternal and newborn health	36,734	60,182	96,916.44
21-02 Immunization	14	-	14
21-03 Child Health	147,436	35,635	183,071.01
21-04 Prevention of stunting and other forms of malnutrition	170,497	138,589	309,086.44
21-05 Treatment of severe acute malnutrition	301,915	372	302,287.78
21-06 Treatment and care of children living with HIV	4	-	-
21-07 HIV prevention	1	-	-
21-09 Adolescent health and nutrition	1	-	-
Total	**656,603**	**234,779**	**891,361.67**

NB: HIV/AIDS the expenses are prorated results areas 21-06 and 21-07 in prorated goal area 21 Survive and thrive.

Table 5. Expenses by Specific Intervention Codes, UNICEF Ethiopia, 2018 (USD)

Organizational Targets	Expenditure Amount*
21-01-02 Facility based maternal and new born care (including emergency obstetric and new born care, quality improvement)	10,881,334
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	492,703
21-01-99 Technical assistance - Maternal and newborn health	1,938,639
21-02-04 Purchase of vaccines and devices	-1,386
21-02-05 Immunization operations	1,596,042
21-02-11 Polio social mobilization for campaigns	1,246,859
21-02-12 Continuous social mobilization and communication	731,757

21-02-14 Polio operational costs	99,316
21-03-01 IMNCI / Integrated Community Case Management (iCCM) - Community	270
21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development	723,349
21-03-06 Malaria (diagnosis, care and treatment)	-694
21-03-07 Malaria bednets	310,313
21-03-10 HSS - Health systems procurement and supplies management	254
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	1,891,557
21-03-12 HSS - public finance management for Health	133,949
21-03-14 HSS - Risk informed programming including climate resilience disaster and conflict	6,821,247
21-03-16 HSS - Management Information Systems	465,301
21-03-18 Public health emergencies, including disease outbreaks	26,315
21-03-98 Technical assistance - HSS	1,147,955
21-03-99 Technical assistance - Child health	740,729
21-04-02 Diet diversity in early childhood (children under 5), includes complementary feeding and MNPs	159,531
21-04-03 Vitamin A supplementation in early childhood (children under 5)	2,040,847
21-04-05 Maternal nutrition, including information, supplementation and counselling	497,493
21-04-06 Salt iodization and other large-scale food fortification	122,691
21-04-07 National multisectoral strategies and plans to prevent stunting (excludes intervention-specific strategies)	1,579,759
21-04-08 Data, research, evaluation, evidence generation, synthesis, and use for prevention of stunting and other forms of malnutrition	1,630,104
21-04-99 Technical assistance - Prevention of stunting and other forms of malnutrition	8,773,180
21-05-01 Care for children with severe acute malnutrition	28,671,326
21-05-02 Capacity building for nutrition preparedness and response	116,782
21-05-03 Nutrition humanitarian cluster/humanitarian sector coordination	386,087

21-06-06 Provision of ART to adolescents	485,344
21-06-08 Support Policy and guidance developments and address barriers to accessing HIV services by adolescents including gender mainstreaming	491,059
21-07-06 HIV Prevention programs for adolescents including Key population such as condom programming, VMMC and PreP	-165
21-07-11 Address violence against girls and gender related issues as part of adolescent HIV programming	383,431
21-09-02 Prevention of undernutrition in adolescence (10 to 19 years)	326,654
26-01-01 Country programme process (including UNDAF planning and CCA)	394,830
26-02-03 Data architecture and use	21,243
26-02-08 Programme monitoring	202,974
26-03-07 Strengthening C4D in Government systems including preparedness for humanitarian action	116,614
26-05-10 Research innovation learning, uptake and partnerships for research	17,785
26-06-04 Leading advocate	112,037
26-06-06 Supporter engagement	4,068
26-06-08 Emergency preparedness (cross-sectoral)	778,370
26-06-10 CRC, CEDAW or CRPD - follow up on concluding observations	96,080
26-06-12 Learning	79,315
26-07-01 Operations support to programme delivery	4,834,060
27-01-06 HQ and RO technical support to multiple Goal Areas	76,642
28-07-04 Management and Operations support at CO	584,392
Total	**82,228,341**

NB: HIV/AIDS the expenses are prorated results areas 21-06 and 21-07 in prorated goal area 21 Survive and thrive.

Table 6. Planned Budget and Available Resources for 2019

Intermediate Result	Funding Type	Planned Budget	Funded Budget	Shortfall
MNCH-PMTC	RR	0	0	0

	ORR	400,000	300,000*	100,000
Total	RR	0	0	0
	ORR	400,000	300,000	100,000

* Proposal submitted to MAC and there is a strong hope of receiving the funding.

Future Work Plan

While UNICEF will continue providing technical support to FMOH by participating in technical working groups for PMTCT and paediatric HIV programmes, more attention will be given to the regions of Gambella (with the highest HIV prevalence) and Somali (with the lowest PMTCT and paediatric HIV performance). UNICEF encourages targeted testing to improve the yield of HIV positivity through intensified work in hotspots to ensure that more women and children living with HIV are identified. Another major area of focus will be the expansion of EID interventions by advocating for and facilitating the introduction of new technologies, including POC-EID, in collaboration with partners. UNICEF will strategically utilize the limited financial resources provided by donors, including the thematic fund, to ensure the maximum return on investment. In particular, the focus will be on ensuring pregnant and lactating women and children living with HIV are identified, linked to care and treatment, and remain in care.

Expression of Thanks

UNICEF would like to take this opportunity to express its sincere appreciation for the contribution made towards this flexible funding and for the generous support towards protecting the rights and improving the health and well-being of children and women in Ethiopia.

ANNEX I: Human Interest Story

Please see attached

Saving Ethiopian newborns through comprehensive and integrated maternal and child health

By Ahmed Abdurahman

CHAGNI, Amhara Region, Ethiopia 15 May 2017: Birka Wondime, 30 years old and a mother of three, has gone into labour and is rushed to a hospital one kilometre from her home in Chagni town, Awi Zone, Amhara Region. Birka has regularly attended antenatal care in this hospital and has received all the services required to safely deliver a healthy baby.

“I gave birth to a healthy baby boy within 45 minutes of arriving at the hospital and got discharged after just few hours,” she says.

Ten days after delivery, her baby Tesfaye Alemayehu, could not stop crying. He started vomiting and stopped breastfeeding.

“When he refused to latch onto my breast, I became worried and feared that I might lose him.”

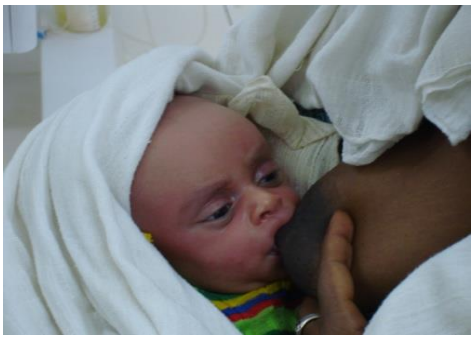
Birka immediately took him to Chagni Hospital where he was found with a severe life-threatening bacterial infection and immediately admitted to a special unit for newborn babies in need of ‘critical and special care,’ the Neonatal Intensive Care Unit (NICU) which UNICEF helped to set up.

Birka Wondime breastfeeds her newborn baby boy, Tesfaye Alemayehu, who has fully recovered from a very serious infection following an intensive seven-day treatment given in the NICU Ward at Chagni Primary Hospital ©UNICEF Ethiopia/2017/Wondime

In Ethiopia, despite progress in child health over the past decades, nearly 205,000 children die every year before reaching their fifth birthday. And nearly 43 per cent of them are newborn babies who die from birth asphyxia, infection, and preterm/low birth weight.

UNICEF supports the Government of Ethiopia in Prevention of Mother-to-Child Transmission (PMTCT) of HIV. Pregnant women are tested for HIV and provided with the required care if they turn out to be HIV positive. HIV exposed infants are provided with prophylaxis and early infant diagnosis. UNICEF also supports the Government in ensuring that newborn babies get routine care at birth via Newborn Corners and quality treatment if they fall sick at various levels that range from Community-Based Newborn Care (CBNC) to NICUs at various levels of health facilities.

In the last five years, Ethiopia’s neonatal mortality rate has remained high at 29 deaths per 1,000 live births. With 3.2 million babies born every year, the needs are great. To accelerate progress, the Government has placed maternal and neonatal health at the top of its priorities in the Health Sector Transformation Plan (2016-2020).



Tesfaye Alemayehu, a newborn baby boy being breastfed by his mother, Birka Wondime. ©UNICEF Ethiopia/2017/Alemayehu

UNICEF works with the Federal Ministry of Health and other partners to strengthen federal and regional governments' integrated Maternal, Newborn, and Child Health (MNCH) and HIV efforts through policy dialogue, capacity-building of health care workers in training and post-training follow-ups, and routine monitoring and supervision. UNICEF takes advantage of the flexibility of thematic funding to close important financial gaps for PMTCT and pediatrics HIV activities at federal and regional levels. At health facilities (point-of-care level), such as Chagni Hospital where mothers like Birka are getting comprehensive services, this additional funding helps to strengthen the MNCH platform and ensure PMTCT services are provided in an integrated fashion.

"In the beginning, I was afraid that I may lose him but thank God, after receiving treatment for seven days, he fully recovered. The vomiting, diarrhoea and fever stopped, and he was able breastfeed normally," says Birka.

Chagni Primary Hospital is one of several hospitals offering well-established ANC and PMTCT services along with a NICU.

ANNEX II: List of major documents developed with partner support, including UNICEF

No	Document type
1	The National Strategic Plan for Elimination of Mother to Child Transmission of HIV & Syphilis (EMTCT of HIV & S) in Ethiopia 2016-2020
2	National Comprehensive & Integrated Prevention of Mother-to-Child Transmission of HIV (PMTCT) Guidelines
3	National Orientation Tool for Implementation Pilot for EID POC (Draft)
4	National C4D Material for Adolescents living with HIV (various materials in Amharic)
5	National Adolescent and Youth Health Strategy, 2016-2020
6	Adolescent and Youth Health Training for Health Care Service Providers – Facilitator's Guide
7	Adolescent and Youth Health Training for Health Care Service Providers – Participant's Manual
8	Adolescent and Youth Health Standards, Implementation Guideline and Minimum Service Delivery Package
9	Series of documents on Strengthening Adolescent Component of National HIV Programs through Country Assessment in Ethiopia
10	Manual for the Implementation of Prevention of Mother-to-Child Transmission of HIV in Ethiopia (Draft)
11	Training material for PMTCT cohort Monitoring (2018)
12	Orientation material for health care workers on Care of HIV Exposed Infants (2018)
13	PMTCT service desktop reference for health care workers, Ethiopia, 2018 (Draft)
14	Implementation guidelines for EID Point of Care Technologies, Ethiopia, 2018 (Draft)
15	Two years improvement plan for accelerating PMTCT:2019-2020 (Draft)
16	Two years improvement plan for pediatrics HIV: 2019-2020 (Draft)
17	PMTCT cohort monitoring training material (Additional section to the main training material) (2018)

ANNEX III: Report Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the report above and return to UNICEF. Thank you!

Please return the completed form to UNICEF by email to:

Name: Jennifer Schulz

Email: jschulz@unicef.org

***

SCORING:	**5 indicates "highest level of satisfaction" while**
	0 indicates "complete dissatisfaction"

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example: the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you were not fully satisfied, could you please tell us what we missed out, or what we could do better next time?

_____
_____
_____
_____

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you were not fully satisfied, could you please tell us what we missed out, or what we could do better next time?

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3. To what extent does the report meet your expectations regarding the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you were not fully satisfied, could you please tell us what we missed out, or what we could do better next time?

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4. To what extent does the report meet your expectations regarding reporting on results?

5	4	3	2	1	0

If you were not fully satisfied, could you please tell us what we missed out, or what we could do better next time?

_____
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5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

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6. Are there any other comments that you would like to share with us?

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Thank you for filling this form!