

6th International Conference on

NANO TECHNOLOGY AND NANO ENGINEERING &

World Congress on

ALLERGY, IMMUNOLOGY AND INFECTIOUS DISEASES

July 24-25, 2019 | Vancouver, Canada

Challenges faced by healthcare providers in providing services to key population at risks of HIV in Ethiopia

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As one of the main goals of the partnership framework (PF) between the government of Ethiopia (GoE) and the US government (USG), Ethiopia has set a national target of reducing new HIV infections by 50% by the end of 2014 (national target). Funded by the USG, the PF provides a five-year joint strategic plan (2010-2014) for cooperation to support Ethiopia's national HIV/AIDS response (pepfar, 2010). Ethiopia has an estimated adult prevalence of 1.5% and about a million people living with HIV/AIDS (plwha) (ecsa & ifc, 2012), among countries most affected by the epidemic. The international labor organization (ILO) projection for 2015 indicates that as much as 8.5% of the Ethiopian labor force loss will be due to HIV/AIDS deaths (world learning, 2012). On the other hand, since the PF took effect, USG funding to the program has been in constant decline. Moreover, the PF does not fully take into account context and development barriers due to the

prevailing social, political, economic and development policies in the country. Participation of the private sector, independent civil societies and media in the development process has been severely curtailed. Contextual factors have been seriously challenging the prevention of mother-to-child transmissions (PMTCT) efforts. Furthermore, the country lacks a comprehensive strategy to fully address the issue of most-at-risk population (MARPs) as drivers of the HIV epidemic; and the HIV/AIDS response excludes men who have sex with men (MSM), a "significant unacknowledged" but fast growing transmission route of HIV. Drawing from literature review and practicum experience in Ethiopia, this paper examines the feasibility of Ethiopia's national target. The main problem in the HIV/AIDS discourse in Ethiopia appears to be behavioral change, but not lack of knowledge.

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