

CHAPTER ONE: INTRODUCTION

1.1. Background and Context

HIV infection is one of the global public health issues. In 2020, more than 37.7 million [30.2 million–45.1 million] people were living with HIV, and 1.5 million [1.0 million–2.0 million] people acquired HIV. Nearly 45% of the people newly infected with HIV live in sub-Saharan Africa (UNAIDS; 2021).

The first evidence of HIV epidemic in Ethiopia was detected in 1984. Since then, HIV/AIDS has claimed the lives of millions and has left behind hundreds of thousands of orphans. The government of Ethiopia took several steps in preventing further disease spread, and in increasing accessibility to HIV care, treatment and support for persons living with HIV.

The HIV epidemic in Ethiopia is characterized as mixed, with wide regional variations and concentrations in urban areas, including some distinct hotspot areas driven by key and priority populations. According to the EDHS done in 2016, the national adult (15-49) HIV prevalence is 0.96 %; the urban prevalence was 2.9%, which is seven times higher than that of the rural (0.4%). National HIV Related Estimates and Projections (2020), also shows that the HIV prevalence varies from region to region ranging from less than 0.15% in Ethiopia Somali to 4.13% in Gambella.

The progress towards achieving the first 95 target has been far behind the track; only 79% of PLHIV know their HIV status. To accelerate

the performance of the HIV case identification in Ethiopia for closing the gaps to treatment and achieve epidemic control, the remaining 21 % of PLHIV need to be reached. (EDHS 2016)

Free ART service was launched in January 2005 and public hospitals start providing free ART in March 2005. Currently ART service is being available in more than 1,500 health facilities. According to the program data in 2020, around 465,457 adults and 17,670 children under the age of 15 are taking ARV, with ART need of 578,188 for adults and 42,971 for children under 15 years of age. Based on the new spectrum estimate for 2020, ART coverage for adults (age >15) has reached 80.5 % but the coverage remains low (40.03%) for children (age <15) living with HIV. According to EPHI 2020/21 report, the national viral load testing coverage was 74.5%, with a suppression rate of 95%.

The National Guidelines for Comprehensive HIV Prevention, Care and Treatment was last revised in 2018. Since then, new information as well as evidence-based best practices has become available to make HIV prevention, testing and treatment more effective and accessible, ensuring the continuity of HIV prevention, treatment and care specially focusing on KPPs amid COVID-19 pandemic which created the need to revise the existing guidelines. Hence, this guideline is revised taking into consideration of the current recommendations released by WHO in 2021.

1.2. Rationale

- Guidance on the implementation of national epidemic control roadmap through geographic and population prioritization, targeted interventions focusing on cost effective and high impact prevention, care and treatment services.
- Guidance on using combination HIV prevention services like targeted SBCC and demand creation focusing on KPPs, condom promotion and distribution, PEP, PrEP, STI, VMMC and prevention and management of GBV.
- Guidance on using innovative HIV testing approaches like targeted HIV testing by HIV risk screening tools (HRST) for all age groups, Index Case Testing (ICT), social network strategy (SNS) among FSWs and their sexual network members, HIV self-testing and recency testing.
- Guidance on using optimized ARV drugs presented within the context of the continuum of HIV-related prevention, treatment, and care. These guidelines address updates on the newly recommended ARV regimen in all population groups since the introduction of DTG.
- Guidance on the consistency of approaches and linkage across the various settings in which HIV Prevention, Case identification, Care and Treatment related services provided.
- These guidelines enable key clinical, operational, and programmatic implications of new science and emerging practice in HIV programs to be comprehensively reviewed periodically across populations, age groups and settings.

1.3. Objectives of the Guidelines

- To provide evidence based update on combination prevention interventions targeting KPP and general populations.
- To provide update on new initiatives of HIV case identification and Care and treatment implementation strategies and standardize service delivery models in the context of the continuum of HIV care in the comprehensive HIV/AIDS service delivery setting.
- To provide guidance on key operational and service delivery issues that need to be addressed to increase access to HIV services, to improve quality, strengthen the continuum of HIV care and further integrate the provision of HIV prevention, care and treatment into health systems; and
- To serve as a reference material for health service providers and program managers.

1.4. Target Audience

The guideline is intended to be used by:

- Health care providers at health facilities and communities such as medical and public health specialists, physicians, health officers, nurses, pharmacy personnel, laboratory technologist and case managers providing care to people infected and affected with HIV and others.
- HIV/AIDS program managers, health experts, health care program planners and researchers
- Organizations involved in HIV related commodities procurement, supply management, and service delivery.
- Public and private health sector, Civic Society Organizations including PLHIV associations, community-based and faith-based organizations, universities, health science colleges and other key stakeholders working on HIV/AIDS programs.
- **Public Health Approach:** the guidelines are based on a public health approach to scale up the use of HIV Testing, and ARV drugs along the continuum of HIV prevention, treatment, and care.
- **Participatory:** Adapting and implementing the guidelines should realize the rights and responsibilities, Greater and meaningful involvement of people living with HIV principles.
- **Accessibility:** The recommendations in the guideline should be implemented at all levels to strengthening broader health systems for ensuring the provision of universal health care.
- **Human Right:** Implementation of the guidelines needs to be accompanied by efforts to promote and protect the human rights of people who need HIV services, including ensuring informed consent, preventing stigma and discrimination in the provision of services, and promoting gender equity.

1.5. Guiding Principles

- **Effectiveness:** the guidelines should facilitate effectiveness of the national program by contributing and expediting the achievement of key global targets and the goals for the National HIV/AIDS Strategic Plan for 2021-2025 and Health Sector Transformation Plan 2020/21- 2024/25(HSTP II) to realize the Sustainable Development Goals.
- **Evidence-Based:** Implementation of the recommendations in these guidelines should be informed by local context, including HIV epidemiology, availability of resources and comorbidities, the organization and capacity of the health system and anticipated cost-effectiveness.