

Sustainable Development Goals (SDGs) and HIV/AIDS prevention and control: Call to sustain the momentum

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Introduction

As a continuation of the Millennium Development Goals (MDGs), the United Nations (UN) has set global development for the period 2015- (1). Sustainable Development Goals serve as a road map for development agenda of member states for the next 15 years. Out of the 17 SDGs, goal number 3 focuses on 'good health and wellbeing'. In this goal, ending HIV/AIDS epidemic by 2030 is set as one of the priority targets. This underpins the fact that prevention and control of HIV/AIDS is still an important agenda for the next 15 years.

Such renewed global commitment, among others, has to do with the fact that HIV is still one of the top priority public health challenges to the world. According to the 2016 UNAIDS global HIV statistics (2) at the end of 2015, 36.7 million people were living with HIV, 2.1 million people became newly infected in 2015 and 35 million people have died due to HIV since the start of the Epidemic where sub-Saharan African countries share the highest burden.

Though new HIV infection among children has declined by 50% since 2010, new HIV infection among adults has remained to pose unprecedented challenge. In order to achieve the desired targets of prevention and control of HIV by 2030, UNAIDS estimated a total of 26.2 billion USD is required.

In Ethiopia, HIV is still an epidemic of public health challenge that needs be considered as a priority agenda. In 2011, the national adult HIV prevalence was 1.5% with regional variation ranging from 6.5% in Gambela (the highest) to 0/9% in SNNPR (the lowest) (3). The prevalence of HIV in Ethiopia is recognized to vary by gender, geography, and other socio-economic background (3). In 2013 there were an estimated 793,700 people living with HIV and approximately 45,200 AIDS related deaths were reported (4).

Since the first case of HIV infection, the world has achieved remarkable success over HIV prevention and control with a commitment of multibillion-dollar investment. For instance, in 2015, around 46% of all people living with HIV had access to treatment. As a result, AIDS related deaths have decreased by 45% since 2005 (2). Similarly, the latest national antenatal care (ANC) sentinel surveillance indicated that the trend, for HIV among pregnant women both in urban and rural areas of Ethiopia, is decreasing (4) as a result of prevention and control efforts. The increase in access and expansion of ART services has improved the quality of life of people living with HIV.

In its Health Sector Transformation Plan (HSTP), Ethiopia has targeted to reduce adult HIV incidence by 60% and achieve zero HIV infection among children by the year 2020 (5). The 2016 EDHS has shown that the percentage of women who have been tested for HIV in the past 12 months and received the results of the last test decreased from 20.0% in 2011 to 19.7% in 2016. Similarly, the percentage of men who have been tested for HIV in the past 12 months before the survey and received the results decreased from 19.7% to 18.6% in similar duration (6). Media and government bodies are also reporting that the public is showing reluctance to risky sexual behaviors to prevent HIV infection. What is the root cause that the media in the country ignored HIV as their main agenda? Is that because it is no more a problem? Is that because the media has other priority agenda than HIV or lack of funding?

Though the prevalence of HIV has decreased, it is not time yet to celebrate or relax on HIV prevention and control in Ethiopia. Still HIV is a generalized epidemic in Ethiopia, the second most populous country in Africa. There are settings where prevalence is still very high like in Gambela region and there the incidence is nearly six fold as compared to the national

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prevalence. Based on the nature of the virus and the disease etiology, there is no way to declare that we have chased HIV for once and for all. With the existing situation, only the biomedical model of HIV prevention and control may not take us to the targets that we have set together. Social behavior change communication efforts on HIV, adherence to medication and VCT services should be strengthened. The holistic or ecological approach of preventing and controlling HIV needs to be maintained using multi-sectoral response where all sectors as well as development partners should play more concrete role.

In this volume of the Ethiopian Journal of Health Development, there is an update of papers written on HIV and Ethiopia during the last one year. The papers generally highlighted the need for more coordinated endeavors to better prevent and control HIV. We invite you to read the update inside this volume.

References

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