

THE CAUSES AND THE EFFECTS OF THE HIV/ AIDS PANDEMIC IN THE DEMOCRATIC FEDERAL REPUBLIC OF ETHIOPIA



BY
Martin Köbler

A THESIS PRESENTED IN PARTIAL COMPLETION OF THE REQUIREMENTS OF
The Certificate-of-Training in United Nations Peace Support Operations



Peace Operations Training Institute®

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A Thesis

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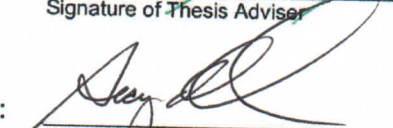
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**The causes and the effects of the HIV/AIDS pandemic
in the Democratic Federal Republic of Ethiopia**

One descriptive study of the fight
against the illness HIV/AIDS in one of the
poorest countries of the earth

Described by

Martin Köbler

Thesis Advisor: **Prof. Ximena Jimenez,**
Gender, Peace and Security Consultant

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The Peace Operations Training Institute

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Summary

The fight of the epidemic HIV/AIDS stands with a very high priority on the program of the United Nations. The fight of the epidemic became from day to day more the emphasis of national and non-governmental development organizations. In the year 2003 US president George Bush initiated the global US program for the AIDS fight (PEPFAR). Thereby 15 billion US Dollar for the fight against AIDS were invested from 2003 to 2008.¹ The founder of the software giant Microsoft Bill Gates donated millions. The world-famous musician Elton John collected some millions US Dollar with his foundation around the global campaign against the virus to win.² With so much money and expert's assessment fast an end should be set for the AIDS spook. But the war against AIDS cannot register so far in Africa containment. The illness spreads in many African countries with increasing speed. Also in Ethiopia is HIV/AIDS a surface covering problem. Why is like that? Do not know the African anything about the danger of the virus. That cannot be it. Particularly in Addis Adebba does not lack it prevention campaigns. Posters, brochures, road theatre, clearing-up courses, TV commercials - most Ethiopians might be sufficiently enlightened today over HIV/AIDS. And nevertheless the prevention campaigns obviously do not seize.

Aren't the prevention campaigns optimal? Distrust the Ethiopians people to the western-biomedical explanation model. Is the Ethiopian prevention resistant? Does it unimportant to them whether they are infected? Is the Anomie so dramatic in this society that suicidal tendencies can spread unrestrainedly? All these questions are to be answered partly with 'yes'. With simple as with trained humans a strong connection to traditional conceptions continues. These conceptions leave the separation from sexuality and fertility, like them each prevention-campaign publicized, not too. These conceptions set also the exchange of the body juices, which takes place in the sexual intercourse, as healthful and necessarily ahead.³ Certainly force and rape contribute to the propagation of the epidemic substantially. Women and girls often do not have the possibility for one opposite men ,no`. The patriarchal authority becomes naked brutality with deadly consequences. Men, who return to months-long absence, bring along the virus for the women in the rural environment.

Many causes cannot one enumerate, which contribute to the failure of the prevention campaigns, some of these reasons are specifically Ethiopian. Also in Europe prevention campaigns against nicotine, alcohol or lack of movement fail. There are in addition, reasons in the special cultural conditions of Ethiopia lie. The question about the propagation of AIDS is not first a medical question, but a question about the social conditions, which provide its

¹ U.S. Presidents's Emergency Plan for AIDS Relief; Turning the Tide against HIV/AIDS

² www.ejaf.org (Elton John AIDS Foundation)

³ . Dr. Dr. Reimer Gronemeyer. So stirbt man in Afrika an AIDS (2006).

terrible penetration strength for the virus. The fight of HIV/AIDS becomes only more chance-rich if this social surrounding field of the epidemic is taken to the knowledge. That is the truth core in the disputed theses of the former South African president Thabo Mbeki, which made the poverty of the African population responsible for the epidemic. One does not have to deny like Mbeki the connection of HIV and AIDS, but that the virus in the lower-income and destroyed environments of Africa settle down themselves and here ideal spreading conditions does not find is to denials and stands also not contrary to the biomedical explanation model.

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List of Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
APRM	African Peer Review Mechanism
ARVs	Antiretroviral drug
AU	African Union
AWA	AIDS Watch Africa
BMZ	Federal Ministry of Economic Cooperation and Development
CHGA	Commission for HIV/AIDS and Governance in Africa
CSW	Commercial Sex Worker
DED	German Development Service
DHEH	Dawn of Hope Ethiopia
ECC	Ethiopian Catholic Church
ECBP	Engineering Capacity Building Program
ECOSOC	Economic and Social Council
EJAF	Elton John AIDS Foundation
EPRDF	Ethiopian People's Revolutionary Democratic Front
FBO	Faith Based Organization
FGM	Female Genital Mutilation
FSCE	Forum on Street Children Ethiopia
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GPA	Global Program on AIDS
GTZ	German Technical Cooperation
HAPCO	HIV/AIDS Prevention and Control Office
HCT	HIV Counseling and Testing
HEWP	Health Extension Worker Program
HIV	Human Immunodeficiency Virus
HSDP	Health sector Development Program
ICDR	Institutes for Curriculum Development and Research
IEC	Ethiopia Information, Education and Communication

IMF	International Monetary Fund
Kfw	Reconstruction Credit Institutes
MAP	Multi-Country HIV/AIDS Program for Africa
MfM	People for People
MMM	Medical Missionaries of Mary
MOH	Ministry of Health
MTCT	Mother to Child Transmission
NACP	National AIDS Control Program
NCTPE	National Committee on Traditional Practices of Ethiopia
NEPAD	New Partnership for Africa's Development
NGO	Non Governmental Organization
OVC	Orphans and Vulnerable Children
PEPFAR	The United States President's Emergency Plan of AIDS Relief
PLWHA	People Living with HIV/AIDS
STD	Sexually Transmitted Disease
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UNMEE	United Nations Mission in Ethiopia and Eritrea
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

In the work being here the test is made to describe and to analyze the causes but mainly the impact of HIV/AIDS in Ethiopia. The methodology of the study was based predominantly by enquiries of reports, studies and researches. But also the personal experiences, the numerous interviews and conversations during my stay in Ethiopia in February 2008, served as an essential information source at the description of the topic.

A topic people are connecting as immediately as AIDS with destiny, the life and die, leaves nobody who is confronted with that untouched, that. So the occupation with the topic, but also the direct confrontation in Ethiopia has left traces also with me. The what, I have to formulate here tried, I have very much learned and studied besides. I have participated in shattering and sad experiences but experienced also improbably many hopeful, confident and beautiful situations. I have seen much strength in Ethiopia in view of apparently hopeless situations and was astonished about the extent of the helpfulness, the strength and persistence of many people which makes it possible for many to handle the situation of their own actively, creatively and dignifiedly.

We must make humans understandable everywhere in the world that the AIDS crisis did not project and that it does not concern a few stranger countries here in far distance. Here a whole generation is threatened, a whole civilization...“
Kofi Annan

More than 25 year is reported in the United States of America about the first AIDS cases formerly, since then was.⁴ At that time which serious extents could not be foreseen yet, the illness should elsewhere accept some time later. Marginal problem looks medical, beginning nowadays has AIDS manifested itself as a pandemic which is rife mainly in thresholds and developing countries. AIDS in all society areas has crystallized the enormous social and economic consequences, with which and-flat is connected now already, too. Appropriate has become the AIDS fighting to one of the most urgent tasks of the development aid policy. The politics has so intensively never cared about an illness at the highest level and worldwide so solid remedies for its fighting were never provided. Of special importance is that meanwhile HIV/AIDS also as that was recognized, what it is actual; EN safety risk for whole countries and continents. HIV/AIDS a flexible shape almost possesses; it does not only appear as health or safety problem, but has several of far developments. To them belong the

⁴ Vgl. Essex/Mboup (2002)

consequences for the national economy, which concerns the economic performance, the job market and the systems of the social protection.⁵

The situation on the African continent but nevertheless is dramatic unlike the western industrial nations in which the pandemic has stabilized itself. Almost 64% of all infected people worldwide live on the African continent. The cliché of a crises and catastrophe continent is fastened this in many heads often. Many international statistics assign the lowest social stage of development to Africa at a maximum number of military and political conflicts and an only minimal share in the globalised economic processes. Due to poverty, hunger, war and economic interruption the fast spreading of the HI-Virus like a blow appears to the population into the face.

Exactly this picture lets itself be seen also in large parts of the Ethiopian population. Besides the innumerable individual tragedies, political disturbances, illnesses like tuberculosis and malaria, wars and catastrophic drought the spreading of the illness holds AIDS additional danger in Ethiopia for the anyway very fragile social and economic sector. Measured in terms of the absolute number of HIV infected persons, Ethiopia can be found in the African comparison in the front area of the ranking. If one looks at the social and economic situation of the population and the state under this connection, a nearly hopeless situation is mirrored for the observer. A situation, that cannot masters the country without the international community help.

The structural framework conditions of the country and the illness were described in the first part of the study. This part takes a relatively broad frame. However, this is into provided that important, to understand the causes and results of HIV/AIDS in the later course of the work in Ethiopia better. It was tried in the second part of the work to represent the main causes of the quick dissemination. Among other things the regional and person specific differences were described. The consequences are explained in the third part. The attempt was made in the last part to describe the task spectrum of important national and international organizations. A special attention lay with the UN organizations and the innumerable private international relief organizations.

⁵ Dr. Eckard Breitingner, Institut für Afrikastudien der Universität Bayreuth. Mai 2008

Chapter I: Structural framework conditions in Ethiopia

1.1 Political framework conditions

- **Geographical description of the country**

The democratic Federal Republic of Ethiopia is the ten largest⁶ country area worldwide (approximately 1.127.130 km²) and around 78.9 million⁷ the second population richest country in Africa. The north-East African state borders on Somalia and on Djibouti in the east in the south to Kenya, in the west to Sudan and in the north to Eritrea. Ethiopia is the highly located country of the continent next to Lesotho (South Africa). About 50% of its spreads of land are more highly than 1.200 meter, more than 25% a height of about 1.800 meter and more than 5% of the total area reached about 3.500 meter⁸. Ethiopia has a varied and multilayered topography. By the Ethiopian ditch, which is part of the East African rift valley system⁹, the highland gets separated into a northwestern and a southeastern part. The highest elevations of the country lie north of this ditch. The highland falls down steep in the direction of the west to Sudan. The Tanalake, which is in the northwest of the country, is one fresh-water lake that one of the southernmost of Blue Nile at his corners arises. All other fresh-water lakes are in the Ethiopian part of the East African rift valley system. After the splitting-off of Eritrea of Ethiopia in May 1983, the Ethiopian state has become an interior which does not have a port of its own and does not have free access to such a one either.

The vegetation reflects the large differences in altitude again. The lower situations of the tropical zone (Kolla) are scantily overgrown with desert bushes, thorn bushes and rough savanna grasses. The valleys and ravines are covered with luxuriant vegetation, in which almost every form of African vegetation happens here. The moderate zone (Woina Dega) is covered predominantly with grassland.

⁶ Vgl. Land encyclopedia - Äthiopien

⁷ Vgl. World Population Prospects: The 2006 Revision. The UN Department of Economic and Social Affairs

⁸ Vgl. Wikipedia.de; Äthiopien

⁹ The big African rift valley (rift Valley) is an enormous geographical and geological natural monument East Africa and Südwestasien, caused by the movement of the African and Arabian tectonic plates during the last 35 million years. It is round in Syria 6.000 kilometre long [cf. Wikipedia.de] in Mozambique of its northern end until its southern end

On the highest positions of the tree poor height grassland (Dega), alpine vegetation has to be found. This goes above 3.900 meters in rock desert (Tschoke) about.¹⁰

Ethiopia can be subdivided into five different climatic zones or climate regions¹¹:

- ✓ There is a cool humid climate in the high mountains above 3.100 meter. The Cattle ranching is frequently done and barley cultivated mainly in such heights.
- ✓ The cool moderate climatic zone is in heights between 2.300 meter and 3.100 meter. This zone is predominantly used by wheat and barley for the cultivation.
- ✓ The moderate climatic zone is between 1.500 meter and 2.300 meter. A semi arid or semi humanoid climate is here. The ground is used as grassland to add a variety of cultivated plants on it.
- ✓ One finds a moderate hot climate in heights between 800 meters 1.500 meters. Millet, maize and cotton are cultivated mainly here. The cattle keeping plays also an important role in these climate regions.
- ✓ One finds a very hot arid climate below 800 meter. You regard as a large number of animals, such as camels, sheep and goats, there. Of the vegetation among other things tropical useful plants grow here, the irrigation making having been aimed through one be grown.

Ethiopia offers insignificant amounts of manganese, gold, platinum, titanium, iron ore and precious stones at mineral resources.¹²

- **Domestic structures**

Administration, politics and justice

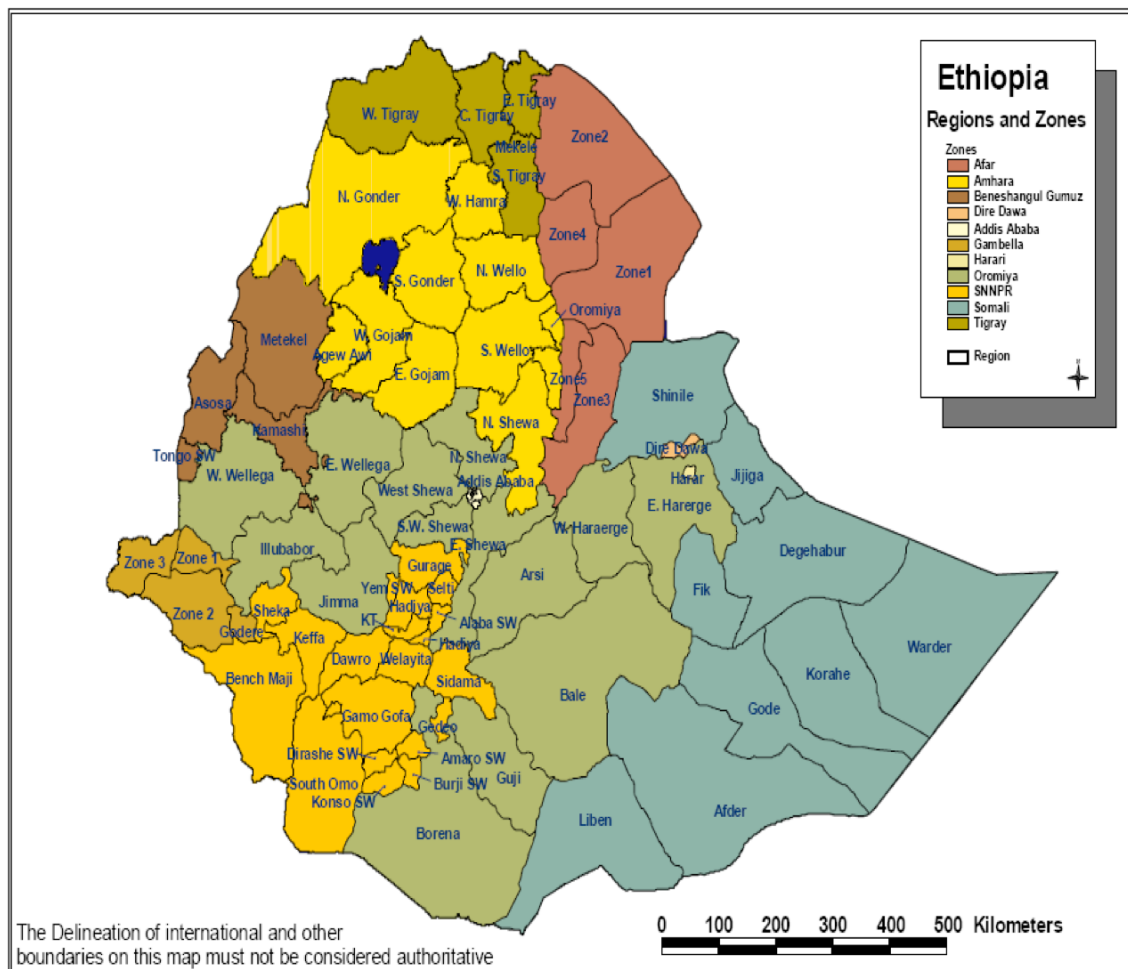
In accordance with the constitution passed in 1994 and become effective on May 7th, 1995 is a more parliamentary one for Ethiopia, federal and democratic state. Today's federal construction of Ethiopia passes essential since 1998. The country borders are an essential feature of this order, that are in accordance with article 46 of the constitution following the ethnic example, as language and cultural identity certainly. Groups are described by people, which are connected by different common qualities (language, culture, tradition, religion, uses etc.) or feel connected as an ethnos. In addition, ethnic group humans are called, who possess a certain community

¹⁰ see msn.de [Encarta® - Enzyklopädie]

¹¹ Kathrin Eikenberg, Handbuch Dritte Welt, Bd. 5, 2. Auflage

¹² Dpa vom 03.10.2007

consciousness, and who are valid both in their self perception, and in the foreign perception by others, but culturally distinguishable.¹³ So became Ethiopia in nine regions (kilil) and two independent ones, subdivided for federal immediate cities (of Astedader Akababi). In turn the regions were subdivided into altogether 68 zones. The zones consist of 550 districts (Woredas). The regions have constitutions of their own, constitution institutions of their own (government cultivated parliament, one of the parliament courts of their own), as well as office bearers of their own. The horizontal separation of powers is given up in article 50 of the constitution and in the country constitutions and is confirmed by the organization Highness assigned to the regions in article 52 of the constitution. The federal constitution finally can be changed only under cooperation of the countries.



Source: Disaster Prevention and Preparedness Commission (DPPC) - Information Center

¹³ Ulrich Schneckener, Heidelberg online encyclopedia of the policy, see: www.politikwissen.de

Regions	Area in Tkm ²	Population in millions	Zones	Woredas	Communities
Addis Abeba	0,53	2,973			
Dire Dawa	1,21	0,398			
Afar	77,00	1,389	5	28	28
Amhara	185,00	18,185	10	103	208
Benes. Gumuz	50,20	0,523	2	13	13
Gambella	26,10	0,247	2	8	7
Harari	0,30	0,196	3	19	1
Oromiya	355,00	26,553	12	176	375
SNNPR	112,00	14,901	9	76	140
Somali	259,00	4,329	9	47	69
Tigray	60,20	4,335	4	35	74

Source: Van of the loop, local Democracy and decentralization in Ethiopia, Addis Ababa, 2002nd p. 11

The autonomy of the organs guaranteed under constitutional law, however, is got round strongly by the dominant position of the fact EPRDF¹⁴ in the regions in the practice.¹⁵ So EPRDF puts the Federal Government since 1991 and (Council of People, Representatives) held altogether 518 seats¹⁶ until the choice in 2005 together with allied parties from 547 seats in the Ethiopian House of Commons. Moreover, it put all Land governments through, either immediate by either its member parties or indirect by parties allied with it. The political opponents of the alliance proceeded increasingly together and in the elections in 2005 they could record profits in an extent, which has surprised the poll watchers and the candidates of the opposition itself. 327 of the 547 seats only used the EPRDF after the choice. The opposition CUDP reached even the office of the mayor in the city area Addis Ababa.

The justice is independent according to the constitution. It, however, comes to influence of the executive in politically sensitive methods again and again. Moreover,

¹⁴ Ethiopian People's Revolutionary Democratic Front. Here it concerns an alliance out of four parties, the Oromo People's Democratic Organization (OPDO), the Amhara National Democratic Movement (ANDM), the South Ethiopian People's Democratic Front (SEPDF) and the Tigray People's Liberation Front (TPLF).

¹⁵ Andreas, Ethnic Federalism, in: Ministry of Federal Affairs/GZT (Hrsg.), 2004, S. 150 - 158

¹⁶ 481 Sitze EPRDF-Bündnis sowie 37 Sitze EPRDF-Affiliated Parties. Confer African election database - Elections in Ethiopia

the judiciary suffers from scarce personnel and relevant resources and not least from corruption.¹⁷ Transparency International leads Ethiopia in its corruption index in the annual report 2007 of 179 nations to place 138. A strategy paper was introduced to *and Poverty Reduction Program (SDPRP)* by the Ethiopian government under the title *Sustainable Development* already in 2002. The fourth strategy element¹⁸, the judicial reform takes a central place value. Among other things the strengthening of the institutional capacity of the judiciary, the improvement in the criminal prosecution, as well as the strengthening of the institutional structures is aim of this reform, systems and processes of the legal education and research.¹⁹ Despite a number of clear improvements in the justice nature, furthermore the jurisdiction stands out due to long, not independent methods, personnel understaffing as well as scarce financial resources.

Population, language and religions

The population of Ethiopia is very shattered with over 80 ethnic groups and between 70 and 100 languages, as well as three main religions. The multinational state is marked by influences strongly from the Middle East in its historical and cultural development although it has to be classed with the southern Sahara geographically.

The Amharen were regarded as peoples of the nation in the 20th century. They only between 20 and 30% of the population represents, has Amharic as a national language gained acceptance although. They settled traditionally the historical Ethiopian empire²⁰ as smallholders in the northern highlanders, the heartland together with the Tigrays which around makes up 10% of the Ethiopian population. The Oromo form the numerically biggest ethnos, though. You put and often adhere to the Islam but also the Ethiopian orthodox Tewahedo church more than 40% of the population of Ethiopia.

The official language on the Federal level is Amharic, which is part of the Semitic branch of the Afro-Asian and as a mother tongue about 17 million people are

¹⁷ Friedrich-Ebert-foundation – Conference of planning 2006, Ethiopia

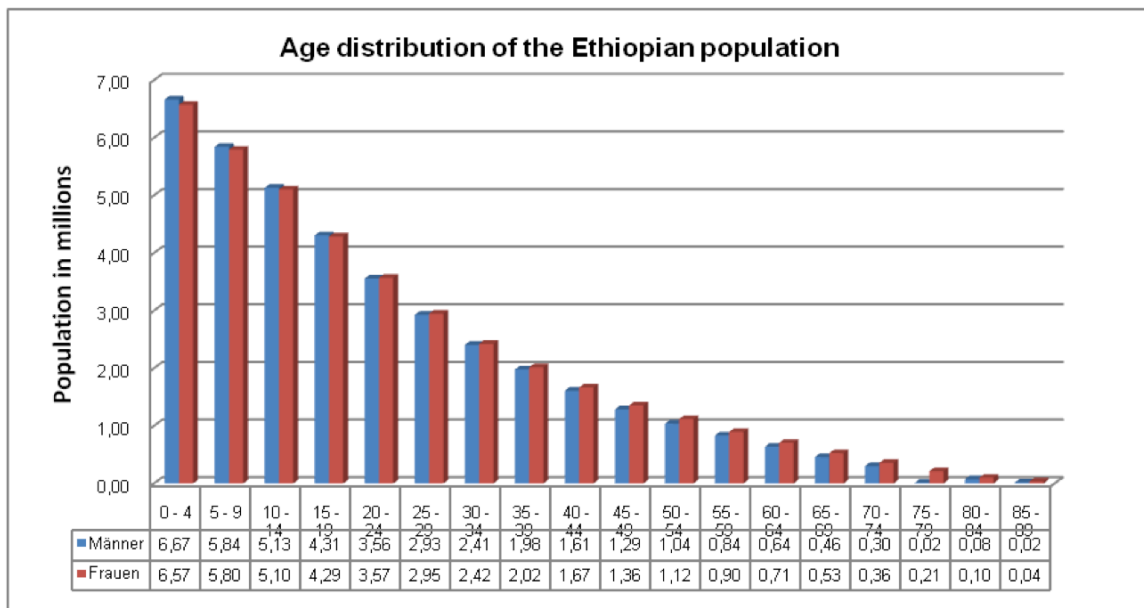
¹⁸ The further three central strategy elements are: Industrialization on the basis of an agricultural development (ADLI); Decentralization as well as strengthening of women; Development of the efficiency of the public institutions and sectors.

¹⁹ Vgl. Federal Democratic Republic of Ethiopia (Ministry of Finance and Economic Development (2002): *Ethiopia: Sustainable Development and Poverty Reduction Program*, Addis Abeba, S. 188

²⁰ Ethiopia, empire between yesterday and tomorrow; A movie by Manfred Purzer and Mekonnen Desta, BRD 1956

speaking as well as second language of further 4 million Ethiopians. The Cushitic Oromo is with about 25 million Speakers the language with most speakers.

The religious conviction of the Ethiopians is also as heterogeneous as the ethnic membership. The most important religious sects are the Ethiopian Orthodox Christians and the Sunni Muslims. Roman Catholics, Seventh Day Adventists, New Apostolic Church, supporters of nature worships are members of the Ethiopian Protestant churches, Hindus and Sikhs.



UN population database; World population Prospects

The age distribution in Ethiopia has at an increasing population growth rate of 2.23%, a base widening itself to below age moderately exponentially. The 0 until 14-year-old make as the above proves statistics (base year: 2005) over 44% and the 15 until 24-year almost 20% of the total population. Thus almost two thirds of the populations are younger than 25 years. Ethiopia is a remarkable example of a country with that with a

so-called *Youth Bulge*²¹. The average life rose continuously in Ethiopia within the last few years. It is 49.43 years (50.64 years with women and 48.26 years at men).²²

Economy

Ethiopia is one of the poorest countries of the world with an average per capita income of about 130 U.S. dollars (2006)²³. Approximately the half of the population lives below the poverty line. United Nation Development takes the land of 177 listed countries away from program (UNDP) in this humane Development index the rank 169 (level: 2007/2008). The *index of Economic Freedom*²⁴ issues a similar bad testimonial to the country. Ethiopia takes 124th place (level 2008) of 157 countries. In view of these numbers it does not astonish that Ethiopia is dependent on the performances of international sponsors, particularly the World Bank and the European Union. The national budget (Volume 2003/2004: 2.5 Billions US\$; 2004/2005: 3,0 Billions US\$; 2005/2006: 4,0 Billions US\$) is strongly in deficit and only can be covered by external payments as well as an interior indebtedness. A third of the national budget is only just of donor country finances. The public bi and multilateral payments in the context of the cooperation in development are highly comparatively with a share of 22.8% (level 2003)²⁵ at the gross national product.

The economic structure of the country is marked by the farming considerably. In the context of the economic policy of the Ethiopian government is for the farming, on which approx. 80% of the population and almost half of the GDP escaped, intended a decisive role (Agricultural Development Led Industrialization). Reform steps like the liberalization of the agricultural market, price decontrol for agricultural products and their free marketing have led to a clear increase in the agricultural production. The farming has an outstanding significance for the occupation and the export from the national economic view. The most important export product is coffee. The agricultural production is totally dependent on the precipitation, though. The rain starts with a

²¹ After Gary Fuller there is a youth bulge everywhere 7 where the 15-24-year-old make up at least 20% or the 0-15-year at least 30% for the society as a whole. After Gunnar Heinsohn the prerequisites for civil war, imperialism and terrorism can arise by *YOUTH BULGES* caused population politically. Often, it is open the force to them to find an adequate position in the society as the only way, if although large portions of the male youth are fed sufficiently but do not have any view, open.

²² Confer The World Factbook; Ethiopia 2008

²³ U.S. Department of State; Background Note: Ethiopia

²⁴ The *Index of Economic Freedom* compares 162 countries in ten categories regarding its economic freedoms, like for example free trade, investment freedoms, business freedom etc. confer www.heritage.org

²⁵ Österreichische Forschungsstiftung für internationale Entwicklung; Quelle: OECD: Geographical Distribution of Financial Flows to Aid Recipients

delay often, stops during the growth era, remains insufficient or it falls so strongly that the fields are inundated.

The industrial sector still remains very weak despite some investments and contributes only less than 12% to the GDP and less than 15% for the exports. This is largely light industry (food, textiles and leather processing).

Altogether, the state is still the largest investor of Ethiopia. Although the government tries to present Ethiopia as an attractive country for investments, potential foreign investors, however, hesitate at the decision whether the market potential and the framework conditions of the country justify an engagement. In- and foreign investors is particularly the inadmissibility established in the constitution of private property felt as an obstacle. Measures against corruption, connected with the arrest of high government delegates, bankers and private businessmen in May 2001 and January 2002, have loaded the climate for investment strongly of. There are a skeptical evaluation of the commercial development and the hesitant extension of credit of the banking sector charged by the corruption methods and credit losses. The privatization of state-owned enterprises carries out itself very slowly.²⁶

2004/2005 amounted the exports of Ethiopia to about 609 Million US \$, the imports on 2.62 Billion US\$, so that the trade deficit approx. 2.0 Billions US\$ amounted. The European Union, China and Japan were the most important markets for Ethiopian products in the year 2006. Italy, China, India, the USA, Japan and Germany stand under the countries of origin of Ethiopian imports on the front places.

1.2 Social and framework condition

The extreme poverty of the predominant population of Ethiopia is mirrored again bluntly in the social conditions in the weekday. 100.000 children live approximately according to UNICEF in Ethiopia in the streets of the towns. Through strokes of fate in the families, such as HIV/AIDS, tuberculosis or malaria, the children lose one or both parents and therefore the social net of the family often. A generation of children grows up meanwhile whose very young mothers have often already spent their childhood in the street themselves. Approximately a quarter of the street urchins in Addis Ababa, has no more contact to families or relatives. They stay under plastic sheet on the pavement, in bus stops or on places on the street. Determine its life gang fights,

²⁶ According to the economy information the German embassy in Addis Abeba (Stand: February 2008)

prostitution and drug consumption and stir the fears of the future up more.²⁷ Although the literacy rate has risen considerably within the last few years only 49.9% can, according to UNESCO (level: 2005) of the person group between 15 and 24 years, read and write. By the making one hundred primary schools and the training thousand teachers, up to the year 2015, the government plans to give the possibility of being registered at school to every child required to attend school. The problems with that, however, are not taken care. The costs for the educational material, school uniform stipulated for the books and these frequently are not financeable for the parents. Often, the parents break off the school education for their children already within the first years again. It is the most frequent reason for the absenteeism from the school, though, that the parents need the manpower of their children days, to secure the cost of living for the family. The boys seldom are not rented out to rich smallholders in the country of their parents as farm hands. Other children must move through the streets in the town as a bootblack, coin changer, beggar, or as seller of sweets or paper handkerchiefs. On the other hand, it is very often called at the daughters: "You will get married anyway, once it is of use what to send it, you to school". The children, however, have it hardly with a bad or only inadequate school education to take the jump in an ordered and future-oriented life. With an unemployment rate of about 40% (municipal population 2005)²⁸, count Ethiopia as one of the countries, with the worldwide highest rate to unemployed. There is a great lack of training facilities and qualified workers at the same time. Per year which aims to boost the economy and the employment opportunities as well as to increase the competitiveness of the country 2,231 %²⁹ the Ethiopian government has recognized this as a problem and developed a large-scale program with foreign support not least due to the population growth of round. With the program '*engineering Capacity Building Program*' (ecbp), since November 2005, the government has tried to improve the framework conditions for the private industry lastingly, to boost the demand for qualified workers and to contribute so to the poverty reduction.³⁰

The human rights situation is still unsatisfactory despite positive developments. Arrests without warrant and without a legal check in due time are very common. The conditions of imprisonment are very hard due to the poverty of the country. Although

²⁷ UNICEF Deutschland; Äthiopien: Ein sicheres Dach für Straßenkinder

²⁸ According ‚Bundeszentrale für politische Bildung‘ (www.bpb.de)

²⁹ CIA – The World Factbook 2008 – Ethiopia

³⁰ German Technical Cooperation (gtz); Kapazitätsaufbau zur Wirtschaftsentwicklung

woman rights are, established in the constitution³¹, however, is not always made come true. Ethiopians suffer the cruel ritual of the genital mutilation 70 - 80 % this one. The cause is the dissimilar gender relations. Ethiopia is a patriarchal society in which the masculine superiority is expressed in every only conceivable way. The situation of the young girls still is intensified by a very early marriage in rural Ethiopia. Often, female children are already at the age of eight years married by their families. In many cases, the girls then get pregnant very early, through this extreme emotional and physical problems for the children arise often.

1.3 The infrastructure and the function of the health service

Ethiopia belongs to the most arid countries of this earth. About 80% of the people do not have sufficiently clean water for the life.³² The drinking water supply is very bad primarily in the country. The sources are frequently heavily accessible and this one soils watering places. Often, the situation is not better in the municipal settlements. The lacking entry to clean water contributes to the deterioration of the sanitary circumstances and promotes the spreading of illnesses.³³ The hygienic situation in Ethiopia is predominantly also bad. Many people must carry out their call of nature in the open because there is a lack of modest sanitary plants himself. Not even every twentieth access to a latrine has in the country. Often is simple hygiene rules like this wash hands not confessed to the toilet start. About 80% of all illnesses with children in Ethiopia can be explained by polluted water and lacking hygiene. So the infant mortality rate belonged to the worldwide highest ones in Ethiopia of 17.60 %. Progress was reached at the *reduction* of the infant mortality according to *the UN report on the human development (2003)* but the present speed of the development nevertheless is still too low.

The **public health service** of Ethiopia was restructured basically and divided up into six areas in 1995:³⁴

³¹ Art. 35 Abs. 4 of the condition: „The state ist o implement the right of the women to eliminate the influences of harmful customs. Laws, customs and practices, which serve the suppression or physical or mental damage for women as a consequence has, are forbidden. “

³² According to UNICEF; Ethiopia: Clean water saves lives

³³ According to UN-HABITAT; Ethiopia Activities; www.unhabitat.org

³⁴ This system is to be adapted regularly and be transferred finally into the following structure. 1. Specialized hospitals 2. Regional hospitals 3. District hospitals 4. Primary public health services 5. Health post; World Bank, Ethiopia, June 2004

- ✓ Central transfer hospitals
- ✓ Regional Hospitals
- ✓ Rural Hospitals
- ✓ Health care centre
- ✓ Health Station
- ✓ Community Health Posts

The supply on **the private sector** has grown over and consists primarily for years:³⁵

- ✓ Hospitals (approx. 50% are privately owned in Addis Ababa)
- ✓ Clinical complexes (2002: 1235 - almost exclusively in municipal areas, 27% of all clinical complexes in Addis Ababa.)
- ✓ Pharmacies / Chemist's shops
- ✓ Supply of numerous NGO or religious organizations
- ✓ Offers orthopaedically conclude persons, obstetricians, dentists and spiritual healers, under this of traditional healer.³⁶

Persons with a good or middle income will predominantly ask for medical help in public or private hospitals. People with a low or no income are dependent on the support of health stations, health position or traditional suppliers. Except for Addis Ababa the supply is extremely bad in the health sector, though. So, primarily the Red Cross and some local churches run hospitals besides the health care facilities of the government in rural areas. Large portions of the rural areas do not have any health care facilities, however, to this day.³⁷ But also in the capital Addis Ababa the hospitals suffer predominantly from a lack of hospital beds, doctors nursing staff, laboratory equipment, supply with medicine and equipment and qualified. According UNDP (2005), almost 3 doctors care around for 100.000 inhabitants in Ethiopia.

There is no general health insurance in Ethiopia. A state health insurance is available only for approximately 11.000 government employees. Next to this state health insurance still gives approximately seven private health insurances. Particularly poor

³⁵ World Bank, Ethiopia; June 2004

³⁶ World Bank, Ethiopia; June 2004. "A guide to Ethiopians refugees for health care workers."

³⁷ UNDP, About Ethiopia, Informationsblätter : Health Service in Ethiopia; November 2003

Einen umfassenden Überblick über das öffentliche Gesundheitswesen in ländlichen Gebieten liefert der Weltbank-Bericht *'A Country Status Report on Health and Poverty'* vom Juni 2004

people can receive a certificate at their native village (kebele), to get a free health care system. Since a large part of the population remains under a certain monthly income, many Ethiopians receive a free medical supply in the practice. Certain medicine or performances also can be obtained free of charge, if the entrance is regulated in the context of a certain program (for example HIV/AIDS, tuberculosis, diabetes etc.). The medical quality is on a very sporadic standard, though.

The state of health of the population is very bad in comparison with other countries with low incomes per head at all. The population suffers nation widely, from different illnesses like HIV/AIDS, malaria, tuberculosis and various infectious diseases (for example Hepatitis A, Typhoid fever, bacterium Ruhr etc.), which is transferred by polluted food or drinks particularly.³⁸ Primarily the treatment is not possibly more specific for illnesses (cancer, cardiac disease) only on very simple standard or at all of in Ethiopia.

By the development of primary facilities an adequate first supply shall be ensured. Tuberculosis, Poliomyelitis, Diphtheria, Tetanus and Veins shall be reduced mass vaccinations. The fight against the malaria and HIV/AIDS also became intensified.

1.4 Political and social framework conditions with respect to HIV/AIDS

The Ethiopian government started the first measures already very early to declare war on the fatal disease. Before the first AIDS case had been diagnosed officially in the country, a national working group was still brought into being already 1985. It should the main task for this working group be to sensitize the population with the topic HIV/AIDS. Only two years later the state ministry of health was engaged to do the supervision of the national HIV/AIDS cases and HIV/AIDS therefore considered a national task. The problem then of the politics picked up officially and a strategy paper became converted the ministry of health in 1998. After this a so-called '*HIV/AIDS Prevention & control Office*' was established to Addis Ababa and Dire Dawa and strategic five-year plans developed for the time from 2000 to 2004 in each of the nine regions as well as in the two independent towns.

³⁸ UK Home Office, Ethiopia, Oktober 2005; Quelle: www.Homeoffice.gov.uk/rds/pdfs05/Ethiopia_151105.doc

1.5 Medical initial dates over HIV/AIDS

- **Kinds of HIV/AIDS**

The abbreviation "HIV" stands for Human Immunodeficiency Virus. It is a "Retrovirus"³⁹, which attacks cells of the human immune system and hinders its functions or destroys it. A HIV infection results in a progressive weakening of the body's defenses of the body, the "immunodeficiency". Two different types are known of HI-Viruses till now. Mainly this in West Africa appears and after the previous findings seems as the HIV 1 to be less aggressive the worldwide predominant virus HIV 1 and the HIV 2.⁴⁰ Both types can be subdivided into further subspecies, which partly appear with a different frequency in different regions of the world. The enzyme "reverse transcriptase" is responsible for the increase of the virus. At this increase "faults" which lead to mutations by which the virus permanently can change and adapt appear. Together with the extremely high rate of the increase this leads to an enormous genetic variability of the viruses produced newly AIDS is the last phase of the HIV illness.⁴¹ *Deficiency syndrome (AIDS)* marks a specific combination of *symptoms acquired immune*, which appears with man in result of the destruction induced by infection with the HI virus of the immune system.⁴² HIV/AIDS becomes in the *Epidemic update* of the **UNAIDS/WHO** (2005) as "one of the most destructive epidemics in the history of mankind" which far more than 25 million victims has demanded since their first appearance. Valued 40.3 million people and thus approximately 900,000 more than at the same time of the previous year⁴³ was worldwide straps of the virus at the end of the year 2005.⁴⁴

- **The course of a disease**

A HIV infection follows a similar course mostly. So an acute HIV illness appears with some people after the infection with a flu similar syndrome few weeks. This, however, is not taken to connection most with the HIV infection and only seldom leads to a secondary diagnostics. A period lasting for years follows without clinical symptoms with a constant destruction of CD 4⁴⁵ cells and the new entity of viruses in the

³⁹ Veiled viruses, which infect animal cells.

⁴⁰ Sonja Weinreich/Christoph Benn "AIDS - An illness changes the world"

⁴¹ Sonja Weinreich/Christoph Benn "AIDS - An illness changes the world"

⁴² Marx J.L.: New disease baffles medical community. Confer "Science", 217

⁴³ Confer UNAIDS/WHO (2004)

⁴⁴ Confer UNAIDS/WHO (2005)

⁴⁵ CD-4-cells (also aide cells called) are a subgroup of the lymphocytes, which belong to the white blood corpuscles.

predominant cases. This can be balanced by the body in this stage and therefore does not lead in most cases to illness appearances. The infected feels healthy. By laboratory examinations, however, the disease progression could be proved and documented. The incubation period, also called *window period*, is the period of the infection with the virus up to the appearance of the first symptoms, is long comparatively and is 8 to 10 years. With newborn Child's and small children, the incubation period is fundamentally shorter due to the still not fully mature immune system.

The stage AIDS appears after the first appearance of symptoms and illnesses only months until years and is depending of the existence of a medical treatment among other things. AIDS is caused by the weakening of the immune system as a result of an infection with HIV. It is characterized by the appearance of a variety of opportunistic infections, which are result of the failure of the immune defense. Pneumonias (pneumonitis carini), skin diseases (Kaposi sarcoma), diarrhea illnesses and brain hitting inflammations are included. Broader neurological symptoms are loss of memory and course disturbances. The tuberculosis is the most frequent opportunistic infection in Africa.⁴⁶ The more considerably the symptoms get (for example more frequent illness and need for care) visible to the outside the fewer the HIV infection in front of other concealed leaves itself hold. The social environment gets still more obvious that man is not well and would like AIDS according to tendency on the fallen ill.

As a rule, the death occurs at an untreated infection after the outbreak of AIDS within months till two years. There are studies, in what you refer that the period of a disease can be shortened at malnutrition.⁴⁷ The illness duration is much shorter with children, caused by the immune system not ripened yet.

- **The Transmission paths of HIV**

After previous scientific knowledge the Hi-Virus only can be transmitted by four different paths of infection:

- ✓ Partners infected unprotected sexual contact with one (vaginal, anal, oral)
- ✓ Transfusion of blood or blood contaminated products
- ✓ Common use of injection needles and instruments

⁴⁶ Sonja Weinreich/Christoph Benn "AIDS - Eine Krankheit verändert die Welt"

⁴⁷ Jaffar et al. 2004.

- ✓ Mother to child assignment woman during the pregnancy under the birth or by the mother's milk (prenatal transmission) HIV infected of one.

In principle, the same transmission processes by which the HI-Virus is passed on also in all other continents apply to Africa. Unlike many developed regions this one is in Africa at the distribution of the illness "essential by the patriarchal definition of provided like a man and femalely"⁴⁸ sexuality and the heterosexual sexual intercourse in the centre of the event, though.⁴⁹ A reason for the amplified appearance finds itself at women in this transmission path typical of Africa. The infection probability of women is presumably fundamentally higher than those of their male partners at the unprotected vaginal sexual intercourse. The contagious distribution cannot alone be explained by this vulnerability to the disadvantage of the women, though. Unrecognized or untreated venereal diseases, sexual practices and rites assignment promoting malnutrition and potential increase the biological susceptibility to the virus.⁵⁰

However, as described more precisely in point 2.1, the "Mother to Child transmission" (MTCT) also represents a meaningful share of all infections. Approximately 18% of the infections in Ethiopia take place by an assignment of the virus of positive mothers during the pregnancy to their children.

- **Possibilities themselves protect from HIV**

The prevention of HIV infections is of central importance since the illness, premature death and the social consequences of the HIV epidemic can be preventing. The meaning of prevention still is stressed by it that there is no cure for the infection till now and the treatment puts great challenges by the structural obstacles for the poverty. According to estimates the 45 million new HIV infections, 29 million expected worldwide up to the year 2010 could be preventing by an adequate prevention.⁵¹ However, this would presuppose that an adequate provision of corresponding financial resources would be provided.

⁴⁸ McFadden, Patricia (1995), S. 94, Geschlecht, Sexualität und AIDS in Afrika. In: Peripherie Nr. 57/58, Jg. 15,

⁴⁹ The WHO estimates that 99 by 100 infections with adults to this kind of transmission can be attributed. Confer WHO (2002)

⁵⁰ Rüdiger Wittmann, Sozioökonomische Folgen von HIV/AIDS im südlichen Afrika – eine Betrachtung des Gesundheitswesens

⁵¹ John Stover (2002), Vice President at FUTURES

The extensive spreading of HIV is not only determined by single factors, though. A number of social factors, like cultures, age groups, plays more socio-economically statuses and gender an essential role often. So having shown themselves different prevention strategies in the past as effective absolutely: For example voluntary HIV test, use of condoms, diminution of the number of the sex partners, sanitary control over commercial sexual workers, etc. A successful prevention mustn't isolated, however, concentrate on sexual behavior. The provision of education, information and psycho social advice is not also less important in the prevention. The knowledge about the HIV transmission paths is still far too little in large parts of the population. Women are generally informed less well than men over HIV there as well is a difference between the rural population and the town-dwellers. Young women with secondary or college training knew the main transmission paths of the HI-Virus in a survey with a five times higher probability than young women without a formal school education.⁵² But also achieving gender justice, diminution of the poverty, prevention of violations of human rights and not least the abolition of the marginalization of vulnerable sections of the population should be a part of the prevention strategy.⁵³ So it will have left without effect to explain the significance of condoms for the contraception of the HIV infection to a woman in a village in Ethiopia, if it cannot overcome the corresponding obstacles independently. There are for example no condoms in their surroundings; they do not have money for the purchase; they do not dare to purchase condoms; they cannot talk to their partner about the use out of fear; and finally it can be that the partner refuses to use condoms.

- **Treatment possibilities of HIV infections**

The development of a new medicine has brought about important progress in the HIV and AIDS treatment since about 1996. The life expectancy and the quality of life, has been improved by people considerably with HIV and AIDS particularly in the western industrial countries. HIV medicine can hold back the increase of HIV in the body. Till now, a cure of this illness is not available, however, possible yet. Tribes of the HI-Virus changed slightly after some time in the body of the patient which are insensitive and can increase unhindered now against a before still effective medicine arise often. In order to prevent the formation of such resistances if possible, one gives often from the beginning a combination of two or three different medicines. The effect of the HIV bi-therapy or tri-therapy consists, that the set of the viruses is reduced in the blood.

⁵² „Die AIDS Epidemie. Status-Bericht: Dezember 2005“; UNAIDS/WHO

⁵³ Sonja Weinreich/Christoph Benn: AIDS, Daten – Fakten - Hintergründe

HIV is not provable any more in the most favorable case in the blood. At the same time, the number of the so-called 'helper cells' of the immune system often increases, so that the immune system can recover again.⁵⁴

The people in Africa have the least chances in the worldwide comparison to be treated with the lifesaving antiretroviral medicine (ARVs). At the end of 2003 had in Africa less than 5 % all people infected with the HI-Virus, access to ARVs.⁵⁵

Age and Gender	Time ART Started	
	Ever Started	Started in the first six months of 2006 (thru end of July)
Infants-18 months	70	40
Children 19-59 months	452	272
Children 5-14 years	1,171	765
non-pregnant Females > 14 years	21,927	7,663
Pregnant women	148	119
Males >14 years	21,573	9,079
Unspecified	254	446
Total	45,595	18,384

Number of HIV/AIDS patients ever started on ART by age, gender and by the time of the start of ART⁵⁶

The situation does not look in Ethiopia much better. Although the medical situation has improved considerably with respect to the treatment of HIV/AIDS within the last few years, however, is the about 20 hospitals according to the WHO, into the HIV/AIDS patients of the step A2 can be treated, established only in the larger towns predominantly.⁵⁷ A policy decision designed the Ethiopian government (accelerating access to HIV/AIDS treatment in Ethiopia, Road map 2004-2006) via the quicker entry for the population to HIV/AIDS treatment, in 2003. Among other things the 'Global Fund' was due to the free access to Antiretroviral treatments made easier with financial support in January 2005. It was the aim that until end of the year 2006 altogether could start with 100.000 people the antiretroviral treatment.

⁵⁴ Institut of the Federal Republic of Germany for health clearing-up; Prof. Dr. Elisabeth Pott „Behandlung von HIV und AIDS“ (2005)

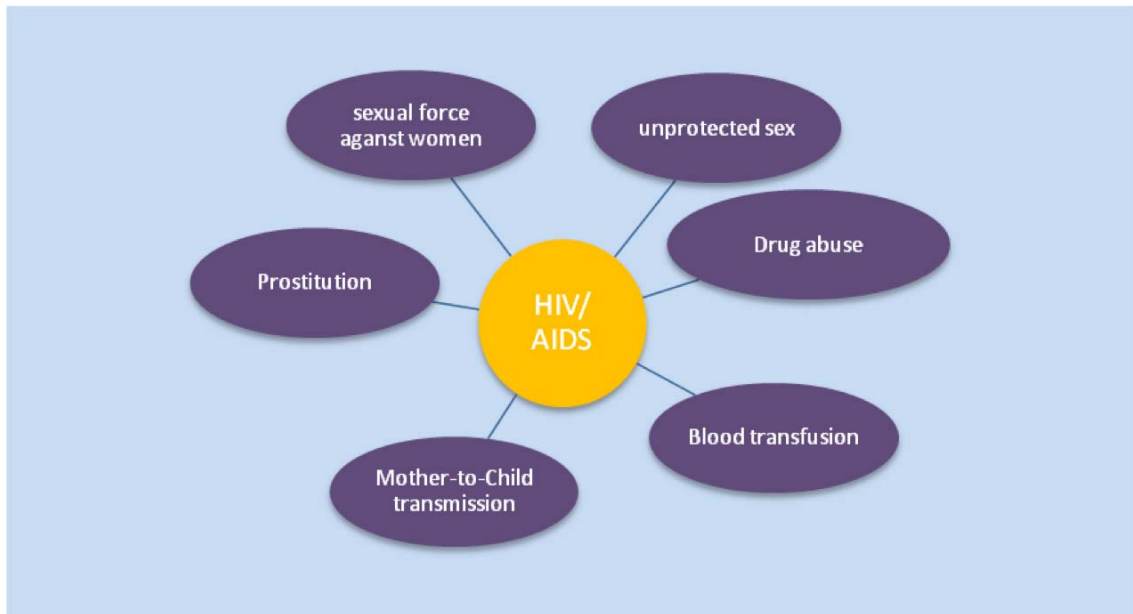
⁵⁵ Confer UNAIDS

⁵⁶ Federal Ministry of Health (2006)

⁵⁷ Confer UNAIDS

Chapter II: The causes and the regional spreading of HIV/AIDS in Ethiopia

2.1 Main causes for the spreading of HIV/AIDS in Ethiopia



The causes of the fast and nationwide distribution of the HI-Virus in Ethiopia are extremely multilayered. A distinction can roughly be carried out into two big blocks.

- ✓ Political and socio-economic causes (for example social inequalities of sections of the population or desolate public health care system) and
- ✓ Social causes (for example the role of the women, high rape installments or prostitution)

The individual causes shall be looked at in the following more nearly.

- **Distribution by Risk groups**

Some typical risk groups can be derived from the construct of the risk situations. What kind of Europe and North America seem to be homosexual men to this day, subpopulation was fixed on primarily on with certain activities in Ethiopia for quite a number of years: Long-distance lorry drivers, work emigrants, sex workers, soldiers and other groups, these carry an increased risk of infection due to their profession and the sexual behavior patterns connected with that or the large number of different

sex partners.⁵⁸ The definition seems such to risk groups to bring the pandemic a restricted use only in the current phase. Although members of the mentioned groups still are exposed to a particularly high infection risk, however, have a high prevalence to be found already no longer only within these populations for a long time. A clear criticism of the construct of the risk groups finds itself at Brooke Schoepf, which sees an important reason of the distribution of HIV in a too strong concentration on "core transmitters". By a one-sided orientation of the epidemiological research with wrong basic assumptions the potential for the spreading of HIV has been underestimated. Risk situations of persons, who did not belong to any particularly endangered population, have been neglected almost completely. It is confirmed the 1996 confessed this position of Jonathan Mann, the former leader of the AIDS program of the WHO, looking back:

"The Focus on individual risk reduction, deal what in drugs simply too narrow, for it what unable do concretely with the lived social realities". Of the individual risk within some risk groups identified before the interest moves increasingly in the direction of the primary social and cultural contexts within the last years, the risk situations, risky behavior and biological risk factors trigger and determine for broad sectors of the population.⁵⁹

A special target group in the HIV programs in Ethiopia nevertheless is, for Commercial Sex Worker (CSW) since they frequent by numerous, mostly unprotected, sexual contacts having relatively high HIV infection installments. It comes added to that that according to a study of Campbell (2003) very many of these women then also do not use condoms with their right friend/partner. Often, the reason for it lies, that the confidence and the faithfulness to the partner shall be symbolized here.⁶⁰ Many CSWs are therefore in a considerable measure of multiplier for the distribution of the HI-Virus.

It was noticed after a study of the Ethiopian Ministry of Health, in the period from 1988 to 1991 in 23 Ethiopian towns that the infection rate moves at CSWs between 20% and 50%.⁶¹ Is there the group it is not homogeneous for the CSW but embraces women with quite different life realities?

⁵⁸ Rüdger Wittmann, University of Cologne, Economics and sociological faculty

⁵⁹ Richard G. Parker (2001), *The Global HIV/AIDS pandemic ...*

⁶⁰ According to Britta Thege; Gender and HIV/AIDS in Afrika

⁶¹ confer Family Health International (FHI) – Ethiopia; *Mapping and census of female Sex Worker in Addis Ababa, Ethiopia; August 2002*

- Women, who deny the cost of living by prostitution
- Women, who is forced by poverty exchange sexuality for money or other favors (transactional sex).
- Forced prostitution and slavery.

More than five million people have worldwide infected themselves by the injection of drugs with HIV. The common use of injection needles and syringes has a very high assignment risk. A neglected group frequently is in the HIV prevention addicted to drugs. They are often looked at and stigmatized as a group relatively closed. In accordance with United Nations Office on Drugs and Crime (UNODC) the drug consumption is, growing particularly under the street urchins in Addis Ababa and in the slums of the town. Young people consume predominantly the illegal fashion drug cannabis. Consumption of Khat, however, is legal in Ethiopia and is regarded as an everyday drug with a slight intoxicating effect. The abuse of heroin and opium does not have a considerable meaning in Ethiopia.⁶² There is hardly a direct connection between consumption of drugs and the infection with the HI-Virus currently. A connection can indirectly very well be seen, though. So, daily consumption of the drugs Khat or cannabis means, not insignificant financial burden for the families or for the teenagers. The addiction is financed by prostitution often so that this way the connection to HIV/AIDS remains.

The share of the worldwide HIV infection which has to be led back on homosexuality is approx. 5 - 10 %.⁶³ This very high share is variously well-founded. So, men homosexuals have high number of different sex partners and which is comparatively little the use of condoms often. But also the sexual practices, such as anal intercourse, contain a considerably higher risk of being infected with the HI-Virus. However differently than in much of western countries, are sexual actions of the same sex forbidden in Ethiopia, both under men and under women are punished very hard with prison sentences of up to 25 years.⁶⁴ The proportional share of the homosexuals is very lowly therefore people in Ethiopia.

⁶² According to UN Office on Drugs and Crime
http://www.odccp.org/kenya/country_profile_ethi.html Ethiopia: Country Profile.; March 2003

⁶³ According to UNAIDS (2008); *Men who have sex with men*

⁶⁴ According to Foreign Office of the Federal Republic of Germany; Ethiopia – criminal regulations

- **The different roles of the gender**

While at the beginning of the epidemic both sexes were affected by HIV just as deeply, show today that women are considerably more frequently than men infected with HIV in Ethiopia. The higher infection rate has on the one hand physiological reasons: Take women at heterosexual sexual intercourse a far bigger risk than men of infecting himself with the HI-Virus by the higher vulnerability of vaginal mucous membranes which can suffer from injuries during the sexual intercourse as well as the relatively higher virus concentration of the male semen.⁶⁵ But another important factor are the different roles behavior within the Ethiopian society between men and women. Almost everywhere in Ethiopia, social norms and cultural values encourage men to exercise power over women and they approve performing force and sexual compulsion often inclusive of coercive marriages.⁶⁶ Cultures and traditions are obviously expression of the patriarchal and sexist nature of the gender relations within the African society. As a rule, needs of men find consideration as these of women to a much bigger extent. Many women and men define sexuality what for the most part through men felled. Add also a row to it of dehumanizing cultural practices, which considerably increase the risk of the assignment of the HI-Virus as has been proved with women as for example *dry sex and genital mutilation*. The inequality that women and girls suffer shows their generally lowest status in their society. The spread of HIV/AIDS advances the gender inequality, the lack sexual and reproductive rights, as well as the self-determination being missing often about the sexuality of one's own strongly.

Also the international community is increasingly conscious itself of the connection between structural sex specific discrimination and the propagation of the HIV epidemic. Thus the equalization of the sexes and the containment of the HIV epidemic constitute two linked in many respects with one another **Milleniumsentwicklungsziele**, to those reaching 189 member states with the Millennium Summit of the United Nations (UN) committed themselves. In their resolution of the 26, the heads of state and government recognized special meeting of the UN-general assembly for evaluation and to handling the HIV pandemic (United nation general assembly Special session Declaration of Commitment on HIV/AIDS) on 2001 that gender equal rights and the authorization of the woman are substantial conditions of a sinking infection danger of women and girls.

⁶⁵ confer UNAIDS/WHO 2004

⁶⁶ confer Britta Thege; *The sexual suppression of the women on the African continent*; 11/2007

The decision makers political of UNAIDS 2004 global Coalition on Women and AIDS (GCWA) initiated requests in their 2006 ,agenda appeared for Action `in addition, with the financing and organization from measures to the fight against HIV both the vulnerability and the embarrassment of women and girls more strongly calculation to carry to use and their authority and possibilities of introducing positive social developments in families and municipalities better.

The member states of the European community and the G8 states placed themselves with their meeting 2007 of this challenge and decided the feminization of the HIV epidemic by one strengthened towards-that-oriented adjustment of their financings from measures to the fight of HIV to work against. Also that global fund encourages countries request-placing in its current respected assignment round for the first time, towards-that-specific needs and the vulnerability of women and girls, as soon as of member gender minorities particularly to consider in the requests.⁶⁷

Physical and emotional force against women

Domestic force, blows and rape are still a great problem in the marriage in Ethiopia. Often women's goals are to find legal protection from social norms and bad infrastructure. Moreover, girls frequently become victims of the so-called *bride robbery* in rural areas. Men who can or do not want find the money for the bride price, kidnap the girl, rape her and overcome her resistance by force. Often young girls are, however, married against their will to older men in the region afar often.⁶⁸ The man is older than the woman (UNAIDS/WHO 2004), the probability is also higher that he has been infected already before the marriage with HIV. The *World Health organization* (2005) collected data of over 24.000 women from 10 countries in a study to the health of women and domestic force against women (partner force).⁶⁹ The WHO which is, however, considered normal often in many societies, too therefore considers sexual violence (SV) particularly a universal phenomenon against women, present in all countries of the world. Violence between intimate relations and HIV/AIDS shows:

- ✓ Direct infection by forced sexual intercourse with a HIV infected partner.
- ✓ Indirect infection by sexual risk behavior, such as multiple partnerships or transactional sex.

⁶⁷ Bundesministerium für wirtschaftliche Zusammenarbeit; „Der deutsche Beitrag zur Gender-Orientierung der weltweiten HIV-Bekämpfung“, Mai 2008

⁶⁸ Schweizerische Flüchtlingshilfe SFH; Äthiopien, November 2005

⁶⁹ Bangladesch, Brasilien, Äthiopien, Japan, Peru, Namibia, Samoa, Serbien und Montenegro, Thailand und Tansaia

- ✓ Indirect infection by *unsafe sex*, if force is threatened with by condoms in case of the question about the use.
- ✓ Indirect infection by the partnership with older men (WHO 2004)

Various studies document that the high extent has to non-consensual sex, great influence on the distribution of the HI-Virus.

Traditions and legends

Particularly the female genital mutilation⁷⁰ (FGM) far common practice still remains in Ethiopia. According to the Ethiopia Demographic and Health Survey 2005⁷¹, 74% of the female populations are affected by FGM in Ethiopia. Almost all women are in the regions Somali, Affar and Dire Dawa



Street signs in many streets of Addis Ababa.

cut, in Oromiya and Harari still more as 80%. Gives Tigray and Gambela the lowest instalments with 29% in the regions. Although the support has taken practices for it in the comparison of the years 2000 and 2005 considerably, but still let nevertheless circumcise daughter around at least one to 38% of all mothers.⁷²

Mothers are more ready with a higher level of education and women from municipal surroundings to give up the methods of the genital mutilation against their children. Old age in which the intervention is carried out is regionally different. Girls are mutilated in the first year of life in Amhara and Tigray, while they are between seven and nine years old at the Somali, Affar and Oromia. The intervention takes place at some ethnic groups shortly before the marriage at the age from 15 to 17 years.

⁷⁰ With half of all women in Ethiopia, concerned by FGM, the clitoral prepuce is removed (WHO). In the remaining cases, the clitoral or also the small lips of the vulva, is removed.

⁷¹ Erstellt von Central Statistical Agency Addis Ababa and ORC Macro Calverton, Maryland, USA; September 2006

⁷² According to German Technical Cooperation (gtz); November 2007

The promote "Dry sex" around the manly fun with the sexual intercourse by which substances (herbs, minerals or aluminum hydroxide) are applied which dry the vaginal mucous membrane out but the practices also.⁷³

State solution trials

The government of Ethiopia has signed different international conventions for the elimination of the discrimination of women and children. The constitution guarantees the fundamental rights and liberties of the population, also those of the women. The population, health and national politics support this legal position: It wants to strengthen the status of women by among other things forbidding common law and traditional practices like FGM, because they limit participation with equal rights and social reputation of women. Although in 2004, a law passed of the Ethiopian government against FGM, no one complaint was brought at contravention till now yet, though (level: July 2007).

In addition, the national committee was founded for traditional practices in Ethiopia (NCTPE) in 1987. It shall be the aim of this organization to give the population information about harmful traditional practices. Main emphases of the work are media and poster campaigns as well as education and sensitization measures in schools, health care centers and municipalities, for teenagers and multipliers.

- **Poverty and HIV/AIDS**

Poverty is similarly cause for and results of HIV/AIDS. It is one of the reasons for the emergence of risk situations and of risk behaviors. Leads you to dangerous mastering strategies and the vulnerability of the person concerned influences over detours; on the other hand HIV/AIDS lead these the other way round to different kinds of poverty or amplified.⁷⁴

⁷³ confer Terhorst (2001), S. 15

⁷⁴ Vgl. Tony Barnett and Alan Whiteside (2002); AIDS in the 21th Cent

Country	Humane Poverty index (in %) ⁷⁵	Distribution of income [Gini index in %] ⁷⁶	GDP per person in U.S. \$	HIV Prevalence in % 15-49-year
Germany	10,30	28,30	33890	0,10
Canada	10,90	32,60	34484	0,30
France	11,20	32,70	34936	0,40
United Kingdom	14,80	36,00	36509	0,20
USA	15,40	40,80	41890	0,60
South Afrika	23,50	57,80	5109	18,80
Kenya	30,80	42,50	547	6,10
India	31,30	36,80	736	0,90
Botswana	31,40	60,50	5846	24,10
Tansania	32,50	34,60	316	6,50
Lesotho	34,50	63,20	808	23,20
Sambia	41,80	50,80	623	17,00
Ethiopia	54,90	30,00	157	1,90

Source: Representation of one's own. Data from UNDP (2007/2008), Page 228

No connection between poverty and HIV prevalence appears at first sight when looking at the statistics, though. The gross domestic product belongs to the highest ones particularly in the African states of Botswana and South Africa, which have measured as a percentage to fight with the HIV pandemic most strongly at the total population in Africa in southern Africa. The connection, however, lets itself be seen the individual *humane poverty index* and the distribution of income (so-called *Gini index*) when looking. Here it turns out, that this nation's most deeply affected by HIV are always confronted with a greater poverty problem and the incomes of the population there are distributed according to tendency more dissimilarly. As mentioned already, Ethiopia counts *Poverty index* of 54.90 % as one of the poorest countries of the world with a proportional one humanely. The HIV prevalence is with 1.90% population at the age of 15 - 49 years is low in comparison with the South African states comparatively. If ones look at the absolute numbers, though, Ethiopia in the complete African comparison occupies a top rank; stretch in front of the states of Lesotho, Botswana and Tanzania.

⁷⁵ The *Human Poverty Index (HPI)* is an index that the human poverty of the countries again-reflected. It covers among other things (1) survivability: The probability to die before that 40 year of age. (2) Missing knowledge: Percentage of the illiterates. (3) Appropriate standard of living.

⁷⁶ The GINI-Index serves as characteristic number for the unequal distribution of incomes or fortunes. The larger the GINI-Index, than 1 is, the more largely is the inequality in the inequality in the income and property distribution.

The question on how the individual poverty has a concrete effect on the distribution of HIV arises. If the poverty prepares the way to risk situations and influences the abilities of men in Ethiopia, both directly and indirectly was already mentioned to come through, risks come in. Poverty and AIDS increase mutually and lead to a nearly unstoppable vicious circle. These will most considerably, that sexual contacts kick more monetarily payment forms or open an additional income source often in Ethiopia to the place. This reaches of agricultural means of production to tuitions. This concerns not only professional sex worker but also many women and young girls which are forced to secure their maintenance, their diet or services by occasional or also regular sexual actions for themselves.⁷⁷ The so-called "transactional sex" serves here, as a rule not as source of income for the acquisition of luxury goods, but only and alone for the security of own surviving and for the support the family. The number of child prostitution rises steadily just in the capital Addis Ababa. The main reasons for the commercial sex of the children were described after a study of 'Orphans and Vulnerable Children (OVC)⁷⁸ of 13 – 18 years poverty, the parental death, the disintegration of the family of one's own and the lack of other acquisition possibilities-year-old prostitutes in Addis Ababa. Not only the danger is very big, that a whole parents' generation is infected with the HI-Virus be stated regularly, also uterus problems, unintentional pregnancies and rapes. To protect oneself just from the dangers of rape, many girls are looking for a friend who shall protect himself from the dangers of the street lying in wait. According⁷⁹ to statement of *Forum of on Street Children Ethiopia (FSCE)* no condoms normally are used between friends at sexual contacts since a large role plays at the confidence. Through the danger of the infection becomes very high.

However, poverty is very often the effect of HIV/AIDS, too. The men, who more or less regularly earned money as an itinerant worker, do not seldom come back sick person to their villages when in need of care and attention back and then suffer from the numerous AIDS-accompanying illnesses like tuberculosis, brain house inflammation, various rashes and cancer. He can't contribute to the household income in general any more, the impoverishment risk of the families concerned increases since the fallen ill. It comes added to that, that the costs of medicine are very costly, as far as these are accessible for the people at all, and these drive the

⁷⁷ Vgl. *The spread and effect of HIV-1 infection in sub-Saharan Africa*; Buve A., Bishikwabo-Nsarhaza, Kizito

⁷⁸ Vgl. <http://ovcs.blogspot.com/2006/10/child-prostitution-in-addis-ababa.html>

⁷⁹ Personal interview with Zemzem Jemal on 12. February 2008 in Addis Abeba

households into the ruin often.⁸⁰ The costs for the burial cause similar. The women often then try to maintain the agricultural production under aggravated conditions, because wives and daughters besides the fieldwork who takes on effortful and time-consuming care must the gender job sharing, according to. They are frequently already HIV-positive, how these increased workloads, emotional overstrain and existential fears weaken their immune system so much, that AIDS breaks off faster also with them.⁸¹

- **Restricted access to the education and health nature**

A restricted access to the education and health service represents a very essential factor in the distribution of HIV in many cases.

"More than simple only learn education meant", said Carol Bellamy⁸². "The life saves many people reading and letters to be able. So a girl much rather fells HIV/AIDS, without school education of the illness as a girl who attends the school."⁸³ A study which was published by the organization "Global Campaign for Education" on the occasion of the spring conference of IMF and World Bank in the year 2004 still further goes. The probability of HIV new infections with young people (15 - 24 years) with a completed basic school education is 50% lower than with people without school education. The ability to read and the access to education are two important prerequisites for the attainment of information about AIDS. These the emergence of a sensibility to risks and risk situations make possible and people enable to adapt your behavior adequately. This is not so in Ethiopia everywhere, though. Often, education frequently goes hand in hand with more disposable income and higher mobility. These are both factors which increases the inclination towards opportunity sex and the risk of a HIV infection. It has to be observed also in Ethiopia, though, that with a growing information offer over HIV, themselves formation of a risk factor strolls to a shield.

⁸⁰ confer S. Barnett (2002): *AIDS in the Twenty-First Century*

⁸¹ confer Angelika Wolf (Universität Bayreuth); *Kinderhaushalte im Kontext von HIV/AIDS in Afrika*

⁸² Director of the United States Peace Corps and Executive Director of UNICEF

⁸³ Schweizer Komitee für UNICEF: *Bildung für alle: Es braucht mehr Anstrengungen, um das Millenniumsziel zu erreichen* (2005). Vgl. www.unicef.ch/information/pressebereich



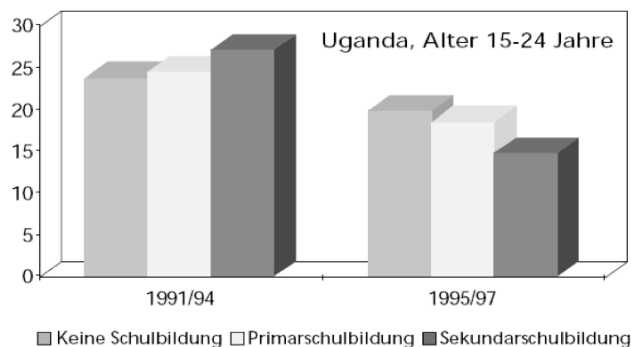
Poster in Addis Ababa which considerably makes the difficulties of education in Ethiopia. (Addis Ababa 02/2008)

According to the 'institute for curriculum Development and research (ICDR)' in Addis Ababa, the teaching curriculums deal with the topic HIV/AIDS intensively.⁸⁴ On the one hand, it is the aim to motivate the students, to reconsider their personal sexual behavior. On the other hand, imparting knowledge about HIV/AIDS. It is not particularly insignificant, to convey a certain con-sense of responsibility to the students in respectful dealing with HIV infected people for this. A study from the year 2002 of the institute for teaching curriculum development clarifies that the teaching methods show first successes. At this students were questioned to the topic HIV/AIDS in a secondary school in Addis Ababa. Almost 94% of all people asked knew that the HI-Virus can be transmitted by unprotected sexual intercourse and by infected blood. Most also knew contraception possibilities.

⁸⁴ According to *The Impact of HIV/AIDS on the Schooling of Female Students in Addis Ababa*; Martha Mengesha

The illustration opposite shows the results of different elevations in west Uganda with pregnant women at the age from 15 to 24 year. With young women, the infection rate was higher than women formed at some with secondary education in the period from 1991 to 1994. The infection rate had at formed woman sunk by almost the half in the period from 1995 to 1997.

HIV-Infektionsrate bei Schwangeren nach Bildungsniveau



Kilian A. et al. "Reductions in risk behavior provide The fruit juice consistent explanation for of The declining prevalence of HIV 1 infection in Uganda

The fall with women without a formal school education was far lower.⁸⁵

The epidemic threatens HIV/AIDS the educational system in a various way just in the rural areas meanwhile, though. Between 1998 and 2000 the number of the deaths rose by about 5% due to AIDS under teachers.⁸⁶ A third of all teacher's, was missing in addition on an average, because of an AIDS conditional illness in the family for a week or longer in this time period. In addition, the urbanization does not make any hold with the teachers either. It is surely also another reason that many children do not take the way to school any more on themselves, because they must help in the household or take care of a member of the family.

- **Migration and mobility**

Warlike conflicts, famines and poverty lead to intra and international population movements which promote the geographical spread of HIV/AIDS in Africa and therefore also in Ethiopia. In connection with this, a paying attention ten-year-old girl, who was questioned by British employees of the organization 'Save of the Children' says: "Many young girls, who will sell by war, are forced to sell to survive. You do not say that they have AIDS, because this would mean the end of their activity."

Aroused by rural poverty a typical sample of the "circulars labor migration" at which men usually leave their families living in the country and partners exists home to earn

⁸⁵ UNAIDS/WHO: The AIDS Epidemie (December 2000)

⁸⁶ According to the German foundation world population; ,Äthiopien: Experten befürchten starken Anstieg der AIDS-bedingten Todesfälle (05/2005).

money in urban areas and in regular distances return.⁸⁷ Long-distance lorry drivers were one of the first sections of the population, who were affected by HIV. A lorry driver drives different goods from Ethiopia to South Africa, for example. It must pass through five countries and therefore stop at quite a number of border crossings away. At these borders the driver often must in the diesel stench and dust, up to three weeks wait for the transit papers. Often, the men do not dare to let their lorry uncontrolled, because a theft would cost them their precious job. It swarms at most border crossings of long-distance lorry drivers, dealers and of a mobile, migrating population which is lured by the possibilities of the earning money. Like that also the offer of prostitution is mostly very large. The drivers also like to call on their positions of the girls. The mostly young women climb into the narrow cubicles of the parking trucks night for night, each of these girls could be HIV-positive around the equivalent of 1.50 Euros (the double at sex without condom) per client to earn.⁸⁸ If one considers it gets blunt that the driver has to go back the whole way again to come home that the driver must be unbelievably lucky to escape an infection. This one is for men, of their woman or partner, spatially separated live around a multiple more highly, than for such partners have these with hers left to have the probability for men, additional sex partners and to infect himself with the HI-virus. On their return it then can come to an infection of their partners and women. This mechanism contributes that rural infection rate approach always more the urban ones. In addition, the labor migrations, destabilizes the rural family structure and aggravate comprehensive health control by the one. Further dangers lie in wait but also for the young girls. They could be beaten up by their partner, or become them more pregnant. It can be that they are not paid at all. But which choice do they have?

Emigrants and mobile sections of the population are vulnerable since they have less access to information about HIV and support in the case of the illness.

- **Mother to-Child transmission**

An infected woman can transfer the HI-Virus during a pregnancy, at the birth and also when breast milk-feeding to her child. Without medical precautionary measures the risk of an assignment of the infection is very high (up to 40%). By suitable medical measures this risk can be pressed under 2%, however, in the ideal case.⁸⁹ The so-

⁸⁷ Dr. Mark Lurie; *Who infects who? Migration and the HIV Epidemic; 2006*

⁸⁸ Adrian & Bridget Plass; *World Vision (2006)*

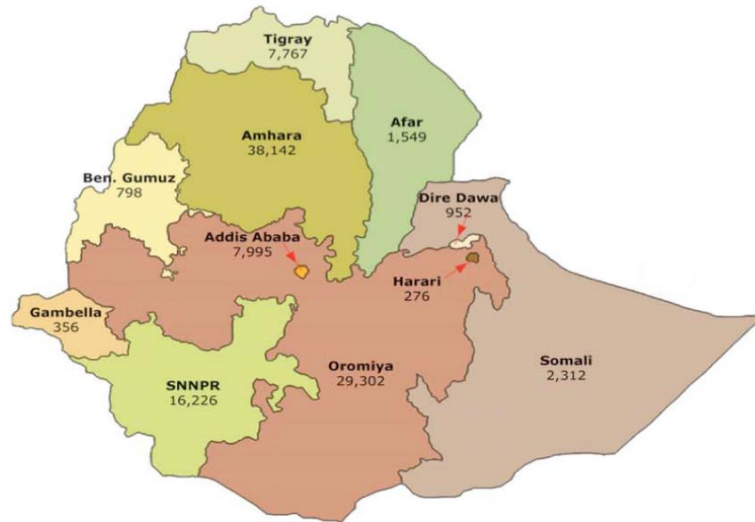
⁸⁹ UNICEF-Germany;

called *Mother-to-Child-transmission* is a transmission path, which is more and more significance worldwide. According to statements of UNICEF⁹⁰ unborn or newborn babies were infected worldwide by its mother newly every day 1.200 in the year 2006. The majority of these infected newborn children did not survive the fifth birthday.

Also in Ethiopia more and more meaning is awarded the so-called '*Preventing Mother to-Child transmission (PMTCT)*' and forms the biggest national strategic frame with respect to HIV/AIDS meanwhile. So a large-scale nationwide project was brought into being within the year 2003 in cooperation with UNICEF partners, the Ethiopian Ministry of Health HAPCO, USAID and the 'Coordinating Office for of Global Health' that in the context of PMTCT tries to get the support of women and families.⁹¹ Advice is a very important task main emphasis of the project team. Because multilayered problem arise for the pregnant women in a large country in which the medical infrastructure is developed only insufficiently in the predominant parts of the country. So it is recommended to the infected mothers to not breast milk feeding after the birth. It is only heavily possible for Ethiopia in some parts to get acceptable substitute food for the babies. An unhygienic water addition in the substitute food can lead to infections, malnutrition and even to death of the baby. Often, the costs for sensible substitute food also cannot be financed by the families. The stigmatization of HIV infected mothers cannot be underestimated also in this area. There are areas, where we can see silent babies as a norm by due to the diet with substitute food feed, often a sign of a HIV illness on the mother's environment. This represents discrimination and force the consequence by their family and the community. In all these cases, mothers have to be advised about HIV-positively and be informed about the risks and advantage of the different options to select the best suitable option for their situation.

⁹⁰ UNICEF (2007); Children and HIV and AIDS

⁹¹ UNICEF; HIV/AIDS: Prevention of Mother-to-Child Transmission (PMTCT) in Ethiopia



Number of HIV positive Pregnancies by region, 2005⁹²

Taking a look at the diagram shown below, 'HIV positive pregnancies by region 2005', we can notice at first sight, that pregnant women carry the HI-Virus into themselves in the regions Amhara and Oromiya more frequently than in the other regions. This also correspond the two regions also at the analysis of the other to the statements seen in 2.2, after what infected show the highest values.

A clear trend also shows the table listed below over the orphans at the age of 0-17 year. If we compares the period from 2004 to 2008 with each other in these statistics, gets clear that the share of the AIDS orphans in the total number of the orphans has risen every year.

Orphans (0-17 yrs)							
	2004	2005	2006	2007	2008	2009	2010
Maternal orphans							
AIDS	465,158	529,777	581,274	622,286	649,407	653,229	656,370
Non-AIDS	1,850,885	1,870,839	1,886,172	1,896,818	1,903,550	1,906,604	1,905,857
Total	2,316,043	2,400,616	2,467,446	2,519,104	2,552,957	2,559,833	2,562,227
Paternal orphans							
AIDS	413,865	464,506	518,113	563,889	599,102	607,077	613,477
Non-AIDS	2,641,109	2,676,772	2,709,598	2,737,013	2,759,784	2,776,733	2,788,739
Total	3,054,974	3,141,278	3,227,711	3,300,902	3,358,886	3,383,810	3,402,216
Dual orphans							
AIDS	221,222	250,195	276,700	296,867	309,206	307,313	303,880
Non-AIDS	404,986	406,362	406,656	405,520	403,117	399,350	394,346
Total	626,208	656,557	683,356	702,387	712,323	706,663	698,226
Total orphans	4,744,809	4,885,337	5,011,801	5,117,619	5,199,520	5,236,980	5,266,217
Total AIDS orphans	657,801	744,088	822,687	889,308	939,303	952,993	965,967

Orphans in Ethiopia⁹³

⁹² According to *Technical Document for the sixth Report*; Federal Ministry of Health and National HIV/AIDS Prevention and Control Office; September 2006

⁹³ According to *Technical Document for the sixth Report*;

- **Humanitarian crises in Ethiopia**

In the year 2003 the UN organization of the World Food Program reported, that almost 11 million Ethiopians are dependent on external food distributions in their daily game of survival.⁹⁴ Caused by the missing rain the growing season was strongly abbreviated so that the field crops could not mature. This kind of crisis has fatal effects on the situation in life of the people in a country in which 80% of the population life depends of farming. These humanitarian crises have the most different effects over the HIV/AIDS pandemic.

The final stage of the AIDS disease is, accompanied by the so-called *wasting syndrome*. More than 10 % of the base weight, diarrheas and fever is partly marked this by loss of weight of. In addition come, the decreased food intake, the physical weakness, depressions and infections of the oral cavities. It adds to a considerable weight loss often.⁹⁵ This by the immune system of the patient remains weakened anyway. It is already strengthened by malnutrition considerably as it has to be found regularly at humanitarian crises. These factors increase morbidity and mortality quite considerably.

Another indirect connection between HIV/AIDS of humanitarian crises arises from the income situation of the household. Harvest is low from the sale of agricultural products for the family due to the rain failing to appear, the household can afford consequently less. It is the consequence, why families cannot afford any more, the children attend the school. The children must rather contribute to the maintenance of the family now. The results of a missing access to the educational system were described in 2.1.

- **Assignment of the HI-Virus by blood transfusions⁹⁶**

To ensure the most as possible standard of security at the blood transfusion, the donator must satisfy certain conditions. We does not try to allow the point of view of time to put back "risky donators" in the modern medicine by case history and by certain examinations for the donation of blood. At every outside donation of blood, the blood is therefore tested on the specified infection parameters (for example Hepatitis

⁹⁴ International Food Policy Research Institute. *Ending the Famine Cycle in Ethiopia*.

⁹⁵ Deutsches Institut für Ernährungsmedizin und Diätetik

⁹⁶ The term blood transfusion designates a supplying of blood or blood components, which usually takes place as intravenous infusion..

and HIV). These standards of security in Ethiopia at the blood donation had a considerably lower standard, compared with the most western industrial nations over long years. On the one hand, it was not always possible to maintain high levels of security, often due to the infrastructural conditions to conserve blood cooled. On the other hand, the technical equipment was outdated and the necessary care insufficiently due to lack of financial equipment to execute blood tests. In many cases, moreover, the level of training of the blood bank, staffs do not correspond to the necessary requirements.⁹⁷

Prevalence of HIV in Screened Blood Donors⁹⁸

Country	Prevalence Rate
Botswana	4.00%
Ethiopia	3.40%
Guyana	1.20%
Kenya	1.80%
Mozambique	6.43%
Namibia	0.50%
Nigeria	4.40%
Rwanda	1.10%
South Africa	0.09%
Tanzania	5.70%
Uganda	1.60%
Zambia	8.00%
Average	3.19%

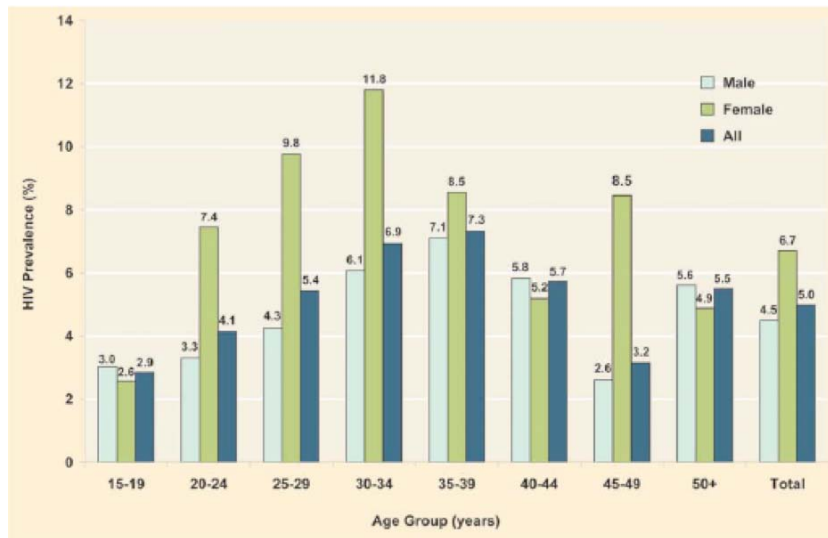
*Based on HHS/CDC Data from Country Clinics Continuing Applications submitted 3/06

In the year 2002, the World Health Organization (WHO) published a statistics over the cooperation of blood transfusions and the danger to infect itself with the HIV. After this 5 - 10 % of the people fallen ill was infected causally by a blood transfusion on an

⁹⁷ Office of the U.S. Global AIDS Coordinator, U.S. Department auf State (2006)

⁹⁸ The President's Emergency Plan for AIDS Relief (USA); Report on Blood Safety and HIV/ AIDS (June 2006)

average with the HI-Virus in Africa. This alarmingly high number induced many African countries to subject donated blood to a more reliable examination.



HIV Prevalence among Blood Donors by Age and sex (2005) ⁹⁹

The statistics listed above show clearly that straight female blood donors have so far higher HIV prevalence than men. The female blood donors are almost twice positively, so often HIV as the male donators at the age of 20 - 34 years.

2.2 The regional and demographic spreading of HIV/AIDS in Ethiopia

- **Previous development**

At the judgment of the previous development some distinctive features have to be stated:

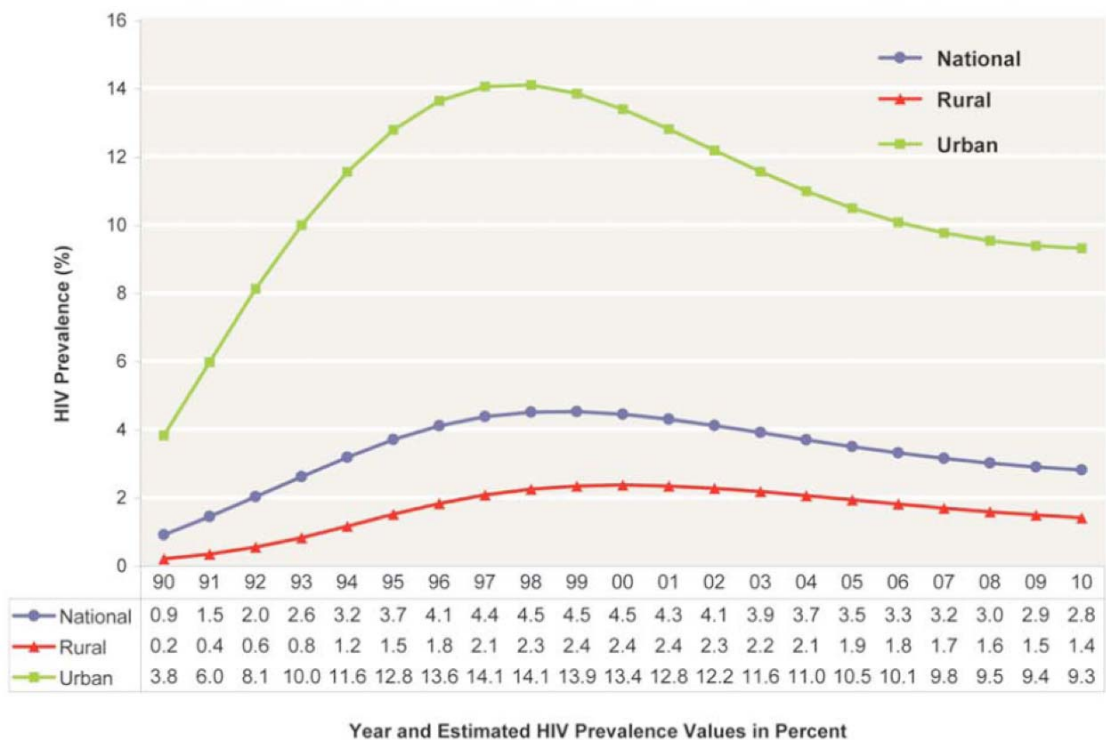
- ✓ The number rose the infected in comparison with the rural regions dramatic in towns from 1990 to 1998. The annual rates of increase shows the towns increase more than 20%. Only as of 1999 the number was positively the HIV tested persons in the municipal areas again declining.¹⁰⁰ The rate of increase, were considerably lower in the rural regions within the years 1990 to 1998.
- ✓ Both in the rural and in the municipal areas, the number rose people infected a female HIV (15-49 years) stronger at, as those of men.

⁹⁹ AIDS in Ethiopia, Technical Document for the sixth report; Ferederal Ministry of Health, September 2006

¹⁰⁰ Extimated and Prjected HIV Prevalence 1990-2010 Adult Population 15-49, Ethiopia Urban and Rural; Ferederal Ministry of Health Ethiopia

- **The regional spreading of the illness**

About three generations late than many countries in Latin America and Asia, Ethiopia has started to urbanize for some years. Ethiopia has of one of the highest municipal population growth worldwide today.¹⁰¹ This growth is accompanied by growing poverty in the towns, an inconceivably high rate of unemployment, low administration capacities, a weak infrastructure and weak municipal finance divisions. For example, the available public health services cannot so far cover the increasing requirements. Poverty belts in the periphery of the towns have neither clean water nor a corresponding sewage and rubbish supply.¹⁰² Symptoms as the population growth, the infrastructure by far has not increased in the same measure in towns. The bad conditions of life promote the slum areas, where promiscuity and prostitution increase, especially in Addis Ababa, the capital.



¹⁰¹ Promoting Sustainable Development in Ethiopia, gtz (Office Addis Ababa), July 2007

¹⁰² Dr. Barbara Kloss-Quiroga (University Hamburg), Health and human basic needs

In turn this phenomena, has a good breeding ground in the towns for spreading the HI-Virus.¹⁰³ Exactly this development is mirrored also in the national statistics of the HIV infected people in Ethiopia. The proportional shares of the infected municipal residents were more highly than of the rural population, that way by 5-6 fold in the recent past. Here goes and stands the question is whether the political decision makers not have to step in here and should limit the immigration to the towns.

The United Nations Fund for Population Activities (UNFPA) declines this test clearly.¹⁰⁴ In principle, the trend of the urbanization cannot be held back. However, it can absolutely have a positive effect: So the poverty people concentrates in towns, have the best chance at the same time to escape from her. Environmental questions can produce poverty belts in towns, but also to offer solutions. It makes the UN report to slow the growth of the towns down considerably, around the natural population growth and with that, the municipal authorities must improve the social conditions of poor people. The promotion of reproductive health services must also be included to anyone.

At the same time, the regional spread of HIV/AIDS shows partial serious differences in Ethiopia. The share is particularly highly of HIV infected people in the two independent cities of Addis Ababa and Dire Dawa, in comparison with the total population of the region. In the year 2005, the share of the adults was indicated on 11,70 % (in Dire Dawa 6.80%) in Addis Ababa aged between 15 and 49 years were infected with the HI-Virus. These two towns lay already in the past as a percentage far over the regional average how are obvious in the statistics listed above. Although the poorest population region in Ethiopia as Harari, has very high sympathy for HIV infected people with 5.20%, however, the effect is due to the low total population.

At the region of Amhara is by far the part of Ethiopia, where most people are infected with the HI-Virus. The welfare of the population is characterized by farming predominantly by the profit situation of the harvest. There was an extreme drought disaster between the years 1974 to 1984. The population had to suffer famines and became completely impoverished¹⁰⁵. Poverty is just surely the main reason of infected people, about 800.000. The poverty is also the main reason for the fast spreading of the illness in the region of Oromiya with HIV infected people far over 600.000 (2005). In large parts of the region the people have not access to hygienic

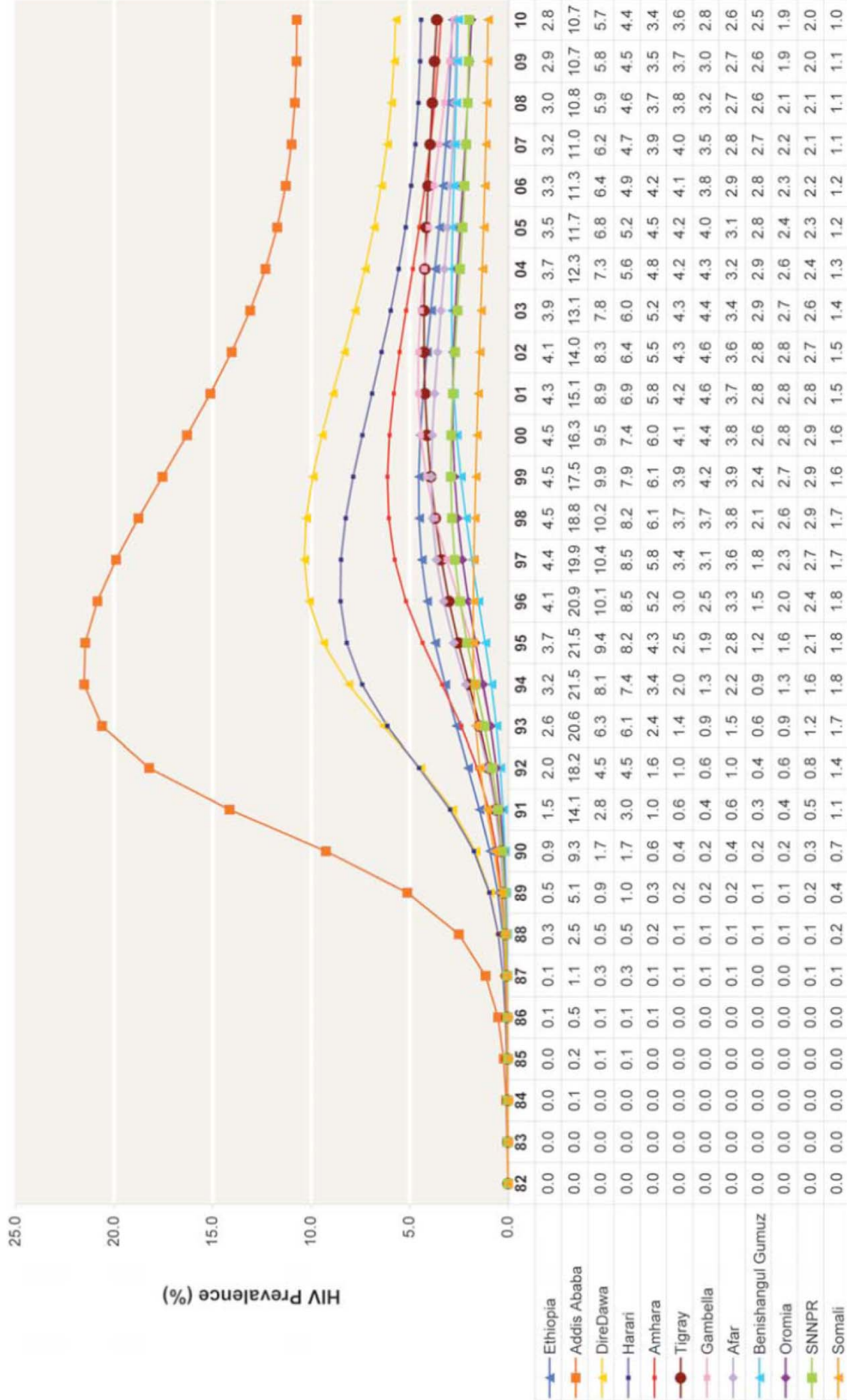
¹⁰³ Sarah Tietze; Die AIDS-Pandemie in Sub-Sahara-Afrika; ‚Aus Politik und Zeitgeschichte‘ (2006)

¹⁰⁴ According to German foundation world population; Report of population of world 2007: *Urbanisation as chance*

¹⁰⁵ The Africa Guide; African People & Culture Amhara (2008)

water supply.¹⁰⁶ The illnesses like breath infections, skin infections, diarrhea illnesses and intestines parasitical infections increase actively the spread of HIV.

¹⁰⁶ Lt. Oromia Regional State HIV/AIDS Prevention and Control Office; 'Protect Yourself from HIV'

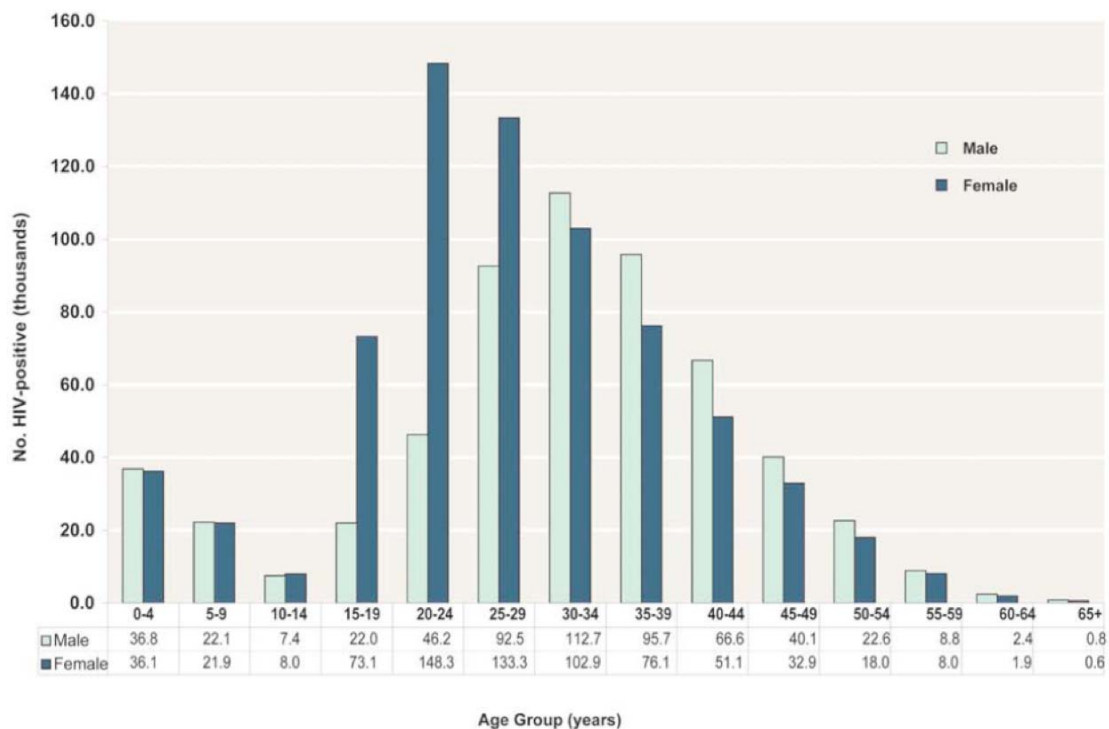


Year and HIV Prevalence

It is fundamental recognize that the regional spread of the illness is very differently from region to region. The economic situation of the population (for example rate of unemployment, income level) and the infrastructural conditions of the region do not play an important role. Ethiopia's regions are determined following the ethnic example. Every region has differently strongly distinctive traditions, legends and customs. As seen in 2.1 is more precisely explained, especially about FGM and the marriage of children on how it is differently spreads the HIV infection. These kinds of practices give the regional differences.

- **Spreading with respect to ages and sex**

In all regions of Ethiopia, in principle, the women are infected more strongly than the men to HIV. This meets both the rural room and the municipal one. This observation only applies to girls and women at the age between 10 - 29 years. The number of women HIV positive partly is more than double as high as the number of coeval men just in this old age. At the age of 30 and more, old the picture turns. The predominant part is given by infected men.



The reasons for this are to be found probably predominantly in the sexual suppression of the women. Studies shows, that a very high extent of "non-consensual sex" occupied enters, is so far the common abuse of women through man.¹⁰⁷ Women frequently are the victim of the force of the men particularly between the ages of 15 – 30, where the danger of the infection increases considerably.

- **Trends and forecasts**

At the moment (2008) a fall in the prevalence rate can be watched in the Ethiopian regions. It is suspected for some years that the complete prevalence rate has exceeded its zenith. It surely would be a fallacy to see this as a sure symptom of a decrease of the infection, the number of people who live in Ethiopia with HIV/AIDS further increases. The population growth explains itself mainly by a continuous one. An almost constant prevalence rate related to a growing population (see also 1.1) means absolutely a rising number infected.¹⁰⁸ Caution is required also because of the static qualities of prevalence rate. At the total population the data could absolutely remain constant or even sink although the number of the new infections (incidence)¹⁰⁹ increases in the same time period the infected population. This happens when the AIDS-related deaths (mortality) exceed the new infections quantitatively. In this case the mortality would "cover" new infections, the infected and the total number could sink through this, although the epidemic would extend still further.¹¹⁰

The mortality data represents an illustration of the incidence delayed by years through the relatively high incubation period of the infection. Even if we assume, the number of the annual HIV new infections has reached its zenith, the number of new AIDS illnesses and deaths still will increase continuously unless for another decade. What will be the moment when the epidemic reaches its top from this point of view, if a clear fall further remains opened.

¹⁰⁷ Britta Thege; Gender and HIV/AIDS in Afrika

¹⁰⁸ According to UNAIDS (2006) und Federal Ministry of Health Ethiopia (2006)

¹⁰⁹ Inzidenz indicates the number of new illnesses at a certain illness.

¹¹⁰ According to Wawer et al. (1997).

2.3 The connection between the propagation of HIV/AIDS and the martial conflict situation in Eritrea

The risk of being infected with the HI-Virus climbs predominantly by force, abuse and exploitation of women and girls during war. Garca Machel¹¹¹ even describes the danger of the infection at warlike discussions in its study for the United Nations as the strongest factor which threatens women and children. The perpetrators are soldiers, border guards, police, militias or other authorities. In refugee camps threatens both rape and sexual exploitation by con-refugees as well as by the local population. Under these factors, women are susceptible and vulnerable to be raped or sexual exploited by the exchange for basic goods like food, water or fuel for heating. The separation from the relatives, the collapse from social standards, and trauma tables experiencing force and war, can lead to risky sexual behavior.

In addition, research results prove that the spatial proximity from refugee camps to conflict zones, allows a higher rate to *sexual Transmitted Disease (STD)* and HIV/AIDS yield. In these cases the proximity may play a role to the armed forces, paramilitary and guerilla unit fighters. The armed force is a well known vector of STD. In large parts of Africa, the armed forces are higher than the civilian population It is reported that the HIV rate among them is often 2 till 5 times higher. Military staff has, is a high risk group due to they have larger disposable incomes and they are far away of family for long periods. So, the probability of risky behavior increases by the contact with local prostitutes. Women living in conflict zones or in refugee camps also may seek sexual contact with military staff to get favors like certain goods for the family, protection or income as return filled. The character of these relations makes it to women extremely hard to succeed with the use of condoms. There is no matter whether the sexual contact based on agreement or exploitation, now sexual activities lead in refugee camps unavoidably without access to condoms or the possibility of calling in the use for the spreading of HIV.¹¹²

- **The peacekeeping mission of the United Nations (UNMEE)**

Already, shortly after the outbreak of the war 1998, the international community tried to settle the conflict. However nearly all peace efforts failed. When the conflict cooled

¹¹¹ Wife of Nelson Mandela, and widow of the former president of Mozambique, Samora Machel.

¹¹² According to Jennifer Wisnewski Kaczor; Woman employee to Environmental Change and Security Project des Woodrow Wilson Internaional Center for Scholars, Washington D.C.; *AIDS und Krieg: Frauen im Kreuzfeuer*

at the beginning of down of May 2000, again an high-carat delegation of the United Nations as well as the Permanent Representative at that time of the United States of America traveled at the United Nations, Richard Holbrooke, to the capitals of the disliked neighbors, in order to bring a new peace process on. But when the delegation left the crisis zone on 9 May 2000, a new offensive of the Ethiopian army was approaching briefly. It required only a weapons embargo, that the Security Council to 17. May 2000 in its resolution 1298 decided in order to increase the pressure in such a way to the conflict parties that an armistice became possible. With the support of the particular agents of the European Union and the American president the countries agreed on an outline agreement. With the end of the fights in June 2000 the security council of the United Nations at 31 June 2000 and the agreement of both countries decided to send a peacekeeping military observers (UNMEE), strong up to 4.300 men, into the border area. This UN-mission, which should control the 25 kilometers broad Temporary Security Zone (TSZ) in the border area to Eritrea, did not lead to the hoped for, lasting relaxation in the Ethiopian-Eritrean conflict. If necessary it came to a transition of ,meaning war to the cold peace, in which both sides destabilization politics and a propaganda war against each other claimant and only little cooperatively the efforts of the international community supported. Thus both sides made the freedom of movement more difficult of the UNMEE troops partially to a large extent. Even UNMEE airplanes could not directly between the two capitals operate, but had over third countries fly. Eritrea closed for example regularly important supply routes of the UNMEE and in the meantime even against each international law, UNMEE personnel had arrested. Instead of the UNMEE to support prepared both sides for a new weapon course. The UN-Secretary-General at that time, Kofi Annan, had requested Ethiopia in his report to the situation in the conflict region, borders in vain the troops from the areas, those to the TSZ to withdraw. In a further approach the situation to DTE-scaled, invited the EEBC the conflict parties to London, but Ethiopia rejected this invitation.

- **The political development of the two states**

In 1993 Eritrea attained, which was annexed by Ethiopia since the end of the Second World War, on a peaceful way again the independence of Ethiopia. Although Ethiopia through this lost its direct sea entrance and became a pure landlocked country with that, at first both states tried around a close cooperation. So both countries entered into a cooperation agreement among other things they decided on duty-free trade and a monetary union in this. After more always strove for Eritrea for economic

independence, however, in the course of the years, the disputes increased under the countries. Intense discussions about the unsolved drawing up of the border followed the economic disputes between the two countries. After an intense exchange of shots in May 1998 between units of Ethiopia and Eritrea several soldiers were killed on the two sides. Eritrean units occupied the so-called Yirga triangle in the north of the Ethiopian region Tigray only few days later. Both, Ethiopia and Eritrea mobilized its armies and it came to intense fights in the bordering area. Both states armed their armies enormously. The troops, strength of Eritrea quadrupled on 200.000 mans and the troops, strength of Ethiopia was extended by a 300.000 man to six folds.¹¹³ The armor expenses of both states amounted to US\$ 600 million valued between May 1998 and February 1999.¹¹⁴ Only on June 18th, 2000 was signed an armistice agreement by the Foreign Secretaries of both states. 4.000 men around stations and a strong UN quota (UNMEE¹¹⁵) were in the region.

- **The situation in front of the war with Eritrea**

In front of the outbreak of war, about 3.8 million people who predominantly lived on the farming and the livestock breeding lived in the Tigray region. The only considerable town in this region is the regional capital Mekelle (approx. 155.000 People).

According to information from the health office for the Tigray region, the so-called '*HIV/AIDS Prevention & control Office*' was built up in the Tigray region only in the year 1998. The state ministry of health was on the one hand for the supervision of the national HIV/AIDS cases engaged, and on the other hand for the statistical processing of the data material before. After the notes rose the HIV prevalence of 15 to 49-year-old person in the region of 0.2% (around 7.600 people) to particularly in the period from 1989 to 1995 to dramatic 2.5% (around 95.000 people).¹¹⁶ The number of people fallen ill increased until the beginning of the war, on about 141,000 people (3.7%) in May 1998. Definitely no distinctive features the Tigray region was in the comparison with the other Ethiopian regions, though (regional average was 4.5% in 1998) in the same trend and showed into provided that open. If one looks at the

¹¹³ According to Martin Zimmermann und Wolbert Schmidt; Dokumentation des Grenzkonfliktes zwischen Äthiopien und Eritrea

¹¹⁴ According to Wikipedia; Der Eritrea-Äthiopien-Krieg; Stand: August 2008

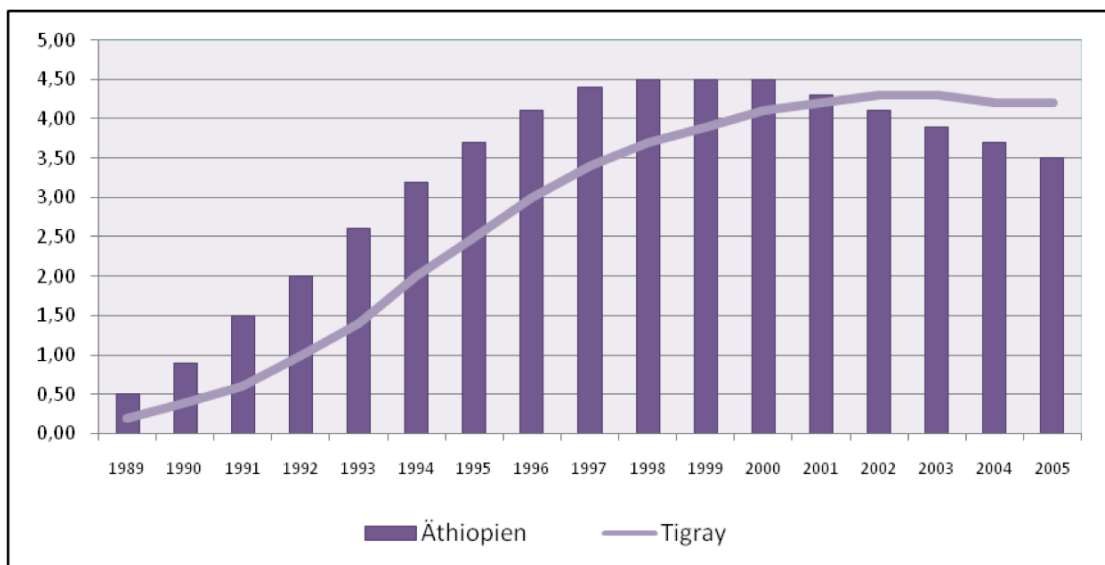
¹¹⁵ United Nations Mission in Ethiopia and Eritrea; UN-Resolution 1320 vom 15.September 2000 zur Überwachung des *Abkommens von Algier*.

¹¹⁶ AIDS in Ethiopia, Technical Document for the sixth report; Ferederal Ministry of Health, September 2006

absolute numbers, the Tigray region was already the region with the fifth highest infection rate before the beginning of the war.

- **During the warlike discussions**

The reasons of the increased infection rate under the soldiers were probably known in Ethiopia. During mobilization, 70.000 recruits were tested around on HIV. It turned out that among the young men, about 7.2% of the recruits from municipal areas and about 3.8% were infected by 18-29 years with the HI-Virus from rural areas at old age. According to the information from a study;¹¹⁷ only those recruits who were tested negatively were called in the military service. These tests were stopped soon or limited strongly. Due to financial and material bottlenecks, 160.000 of soldiers recruited newly were not tested around on HIV. In addition to the mass recruitments mentioned above, got around 15.000 earlier soldiers the EPRDF and mobilizes around 30.000 militia fighters again. This group also was not tested on HIV. The soldiers tested positively were not used in the army. The soldiers were not informed on the part of the armed forces despite they were infected with HI-Virus.



Estimated and Projected HIV Prevalence, adult population 15 - 49 year, Ethiopia and The region Tigray; Federal Ministry of Health

Many nationals of the other side were expelled by the two countries. Through this it came to strong refugee movements within Ethiopia. But also the number of the

¹¹⁷ „War and HIV Prevalence“ (Evidence from Tigray, Ethiopia); Taddesse Berhe, Hagos Gemechu and Alex de Waal

Commercial sex Worker rose primarily considerably in the towns.¹¹⁸ Particularly in towns, in those a great military presence was given. However, differently than at many African theaters of war, the numbers of victims were comparatively lower than the civilian population. Only very few cases of rapes as well became known.

Nevertheless, stands out at the analysis of the above bar chart, HIV prevalence had increased further the average with the section of the population of 15 - 49 year in the Tigray region during 1998 to 2002. The regional average, however stagnation entered in the period from 1998 to 2000. Starting from the year 2001 the HIV prevalence was continuously lowered in the state average. Furthermore the Tigray region has to be watched that the HIV prevalence regularly was about 1% under the regional average in the period under review 1989 to 1997. As of the outbreak of the war with Eritrea this rate is reduced steadily. For the first time in the year 2002, the HIV prevalence of the Tigray region, exceeds the value of the regional average.

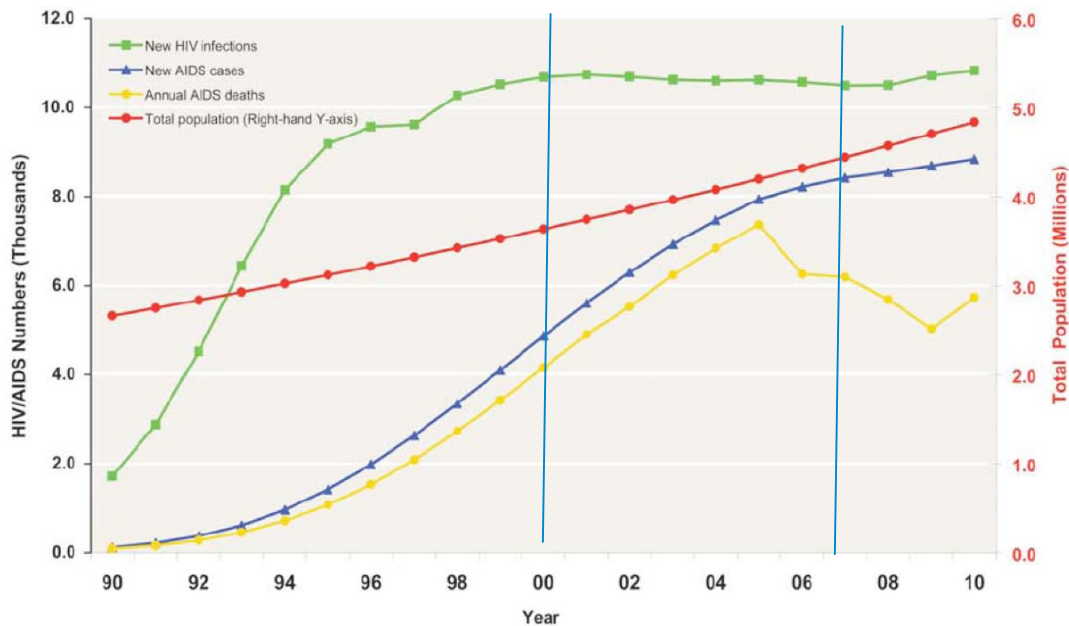
- **After completion of the war**

Both countries obliged themselves in the armistice agreement described under 2.3, to accept an international arbitration award regarding the boundary line. Because the arbitration award announced 2002 of the International Court of Arbitration in The Hague (Holland), gave Eritrea largely properly, Ethiopia declined this arbitration award. The United Nations were powerless against this determination, Eritrea felt deceived and started to hinder the work of the UN soldier mission (UNMEE). As of the year 2006, Eritrea finally sent thousands soldiers to the demilitarized zone. After that, Ethiopia also sent troops into the border region. Each of the two countries has concentrated around 100.000 soldiers at the border in the meantime.¹¹⁹

When looking at the statistics it stands out that the Tigray region in the period under review has had a steady rise in population. The reasons of it surely were also due to the acts of war with Eritrea among other factors. By the long-standing presence of the troops a demand for trade developed primarily in the towns. Jobs arose from it so that quite a number of people moved from the neighboring regions to Tigray. Furthermore stands out that in comparison with the regional average, the number of new AIDS cases has risen permanently the last two decades.

¹¹⁸ „War and HIV Prevalence“ (Evidence from Tigray, Ethiopia)

¹¹⁹ Dominic Johnson; Frankfurt general newspaper (FAZ) 01.08.2008



Estimated and Projected Number of New HIV infections, New AIDS of Case, and Annual AIDS Deaths by Year, all Ages, Total Tigray¹²⁰

The number of new HIV cases also is in the region Tigray of 1990 till approx. risen in 2000 strongly. In the time period 2001 to 2007 is the AIDS rate again insignificantly sunk and as of 2008 the rate has risen again.

How already described in 2.3, a large accumulation of military troops meant often also the presence of prostitutes. In addition, humans, who expect themselves by the sexual contact, with military members of advantages these. Since with soldiers the HIV rate is substantially higher often than at the civilian population, the sexual contact is extremely risky to military members. If one looks at the statistics, the argument has direct effects to Eritrea also after the end of the martial actions on the HIV/AIDS rate in the region Tigray.

Speculations around a new war did not become in the last years less. Nothing the defiance seems to still be relatively calm the situation. But the number of the incidents constantly rises. The peace at the border is only superficial nature. Since the war was terminated in the year 2000 a UN-mission was stationed in the border region, the international interest in the conflict shrank clearly. A de-escalation of the still unsettled conflict appears increasingly improbably. However a new war between Eritrea and Ethiopia would have devastating consequences for humans in the entire sub-region at the horn of Africa. By the constant mobilization of the troops the soldiers are missing as workers in rural economy. Also the World Food program still counts in its

¹²⁰ Federal Ministry of Health; Technical Document for the sixth report (09.2006)

Emergency report from 05 August 2005 Ethiopia and Eritrea to the assistance-neediest countries. Therefore the food scarceness is to be attributed in the two countries also among other things to the border conflict. A recent aggravation of the border disputes would increase thereby certainly also the HIV/AIDS prevalence to a large extent.

Chapter III: Social and economic consequences of HIV/AIDS

4.1 Social consequences

- **Effects on the family life**

The social structure of the extended family is the frame in which the infection, illness and death is handled particularly in the rural areas of Ethiopia. A predominant part of the nursing therefore happens keep house as of.¹²¹ Hospitals are often overcrowded or are far away locally. Particularly since the savings in the course of the structure adapting programs of IMF and World Bank the hospitals also have got too expensive for a large part of the population. It is women in private households to a predominant part who care for their family members. The high financial and temporal effort of the care is the reason that the caring women usually use up all savings and neglect other income sources so that a household often becomes impoverished after the death of a family member.

A first big cost block arises as soon as a household member shows the first symptoms of AIDS and falls ill in shorter and shorter intervals with opportunistic infections. The absolute amount of this expenditure is dependent on the prosperity of the family respectively concerned.¹²² While wealthy households can afford partial expensive treatments with private offers, poor households are dependent on the public medical basic care. However, it additional costs for journeys to doctors and hospitals arise from the need of domestic medical and nursing performances for special diet and parliamentary allowance also for the consultation of traditional helpers.¹²³ A second cost block arises from expenditure at the death of a household member for the burial, the coffin and the mourning solemnities.

¹²¹ Johanna A. Offe, Vortrag an der Galerie der Heinrich-Böll-Stiftung am 23.06.2005

¹²² confer POLICY (2001), page 35 and Greener (2004), Seite 171

¹²³ Greener (2004), page 171

If a family member dies, then the family in all rule, loses important knowledge and experience. By the loss of these resources, very often the productive strength of the family decreases strongly.¹²⁴

Low Income and poverty were already described in the chapter 2.1 (poverty and HIV/AIDS) as a trigger for offering sexual services. Since AIDS only intensifies the initial situation of the households concerned is easily understandable that this behavior still more frequently appear in the course of an "Income diversification", if a member of the household falls ill or dies.¹²⁵ Further measures for the income compensation are found in the taking up of other additional activities, such as the collecting and sale of kindling wood.

To cut the expenses of the household, many households change her demand for superfluously felt health services investments in human capital reduce and vary type and amount of the consumed food and consumer items. Usually a household concerned cuts his consumption expenditure at goods, increase the expenditure for health services, though, this one for a HIV-positive member is needed.

But not only the financial burden is a great challenge for the family but the physical load is also enormous. Without an adequate therapy, the chronic illnesses and dying to HIV/AIDS often last for years. The illness episodes increase to frequency and heaviness, caused by the progressive collapse of the immune system. Several symptoms or illnesses often have the fallen ill at the same time. The bedriddenness comes to a loss of strength and periods. The consciousness of the unalterable death and the worry over the destiny of the family staying behind also joins. The care of AIDS sick persons, special is without flowing water and soap, often very laborious under the poverty conditions. AIDS patients usually suffer from diarrhea and have open wounds which must be provided. About this, the care represents a great emotional load for the family. The high stigmatization of HIV positives which is the reason that one can hardly exchange himself about the difficulties of the care comes to the mourning for the loss of the partner.

The infection also meets the children with the HI-Virus of a member of the family in considerable measure here of course. To care for their ill relatives or look after younger brothers and sisters, many must pull the school down. This meets girls particularly.

¹²⁴ confer Barnett T. and Blaikie P. (1992) „Affected households are seven-times more likely to have a reduction in farm area under cultivation and 5-times more likely to have a reduction in crop yield from their farms.”

¹²⁵ confer G. Mutangadura (1999), page 19

"Our fields are not cultivated because nobody is there to work on them. We do not have any machines for managing the farming. If we are ill or we must take care of ill members of the family, we have no time to work in the field."

- **Consequences for the orphans and the protection of children**

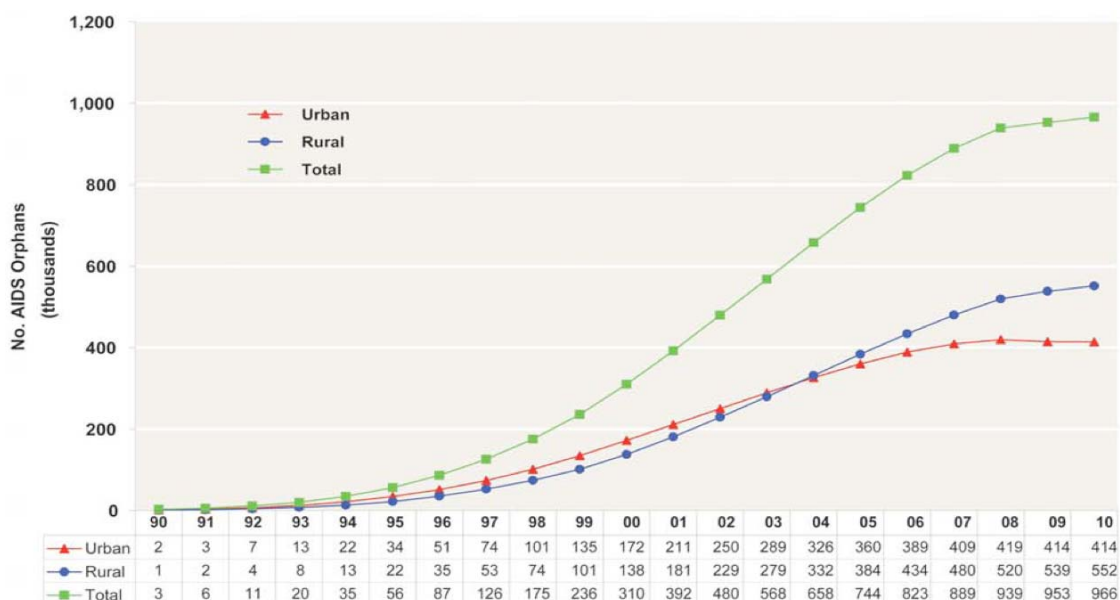
It is a sad fact that a large part of all Ethiopian children gets born in a world full of problems: Poverty, drought and illness usually from the first day determine their weekday. Not some go and stand through the years, the question it is; worthwhile for what to live at all?¹²⁶ Because who does not have protected at home, who does not have educational facilities, who does not have a prospect on a safe job and positive life contents, and who in addition thus largely will that humans in its surrounding field continual suffer and die from the most diverse diseases, runs easily the risk to develop an indifferent attitude in relation to the life. The psychological consequences play an insignificant role. The long-term consequences, could take a generation. Full problems like drugs abuse, serious depressions, violence and others, predispose to great vulnerability regarding AIDS. It particularly hard happens to orphans who fall through the existing social nets.¹²⁷ Is It is estimated that in Ethiopia live around five million orphans, half a million among them, live in the capital Addis Ababa. The death of the parents traumatizes the children often and arose deep mourning and hopelessness. Although these children need welfare and comfort urgently, they are frequently rejected by the village community because they are regarded as HIV-infected. Many AIDS orphans then find shelter at relatives only for short time, then they must struggle through alone. These children grow up in homes or in the streets and run the risk of going to seed, falling ill and even being abused sexually.¹²⁸ In the so-called "child households", the older brothers and sisters try to safeguard the cost of living and to look after the younger children. The orphans are cared for considerably worse under the pressure of the poverty mostly. However the orphans are supplied mostly under the pressure of the poverty clearly more badly, they are more frequently ill, and go more rarely to the school than children, whose parents still live. Mostly, if AIDS orphans stay at the place of neighbors, they must provide themselves for their cost of living. To survive, they accept any kind of work. Many orphans are supplied

¹²⁶ Michael Böhm, Addis Abeba; Anti-HIV-Programm (October 2002)

¹²⁷ See point 3.1

¹²⁸ UNICEF Germany; Kinder und AIDS (April 2006)

also by their grandparents. Since grandparents receive mostly however no old-age pension, these would be however for their part dependent on the supply by the adults of children. It is usually to see old women looking after the grandchildren. In households led by children and grandparents, it however very often lacks necessary resources around an adequate food supply to ensure education and training of the children.¹²⁹



Estimated and Projected Number of AIDS Orphans, Ethiopia 1990 - 2010¹³⁰

- **The role of social networks**

With regard to its social relations, Ethiopian families frequently consist about narrow social relationships in family networks, the so-called 'extended family'. These stand out, that different persons join together over several generations, over partly big geographical distances and about different specific ethnic relationship systems and a distinctive reciprocity relation develops by the one next to the members of the village community, the extended members of the family take a central role in the support of people concerned.¹³¹ Both the 'extended family' and 'communities' form an informal social safeguarding system.¹³² Both help at the care of who fallen ill, lend emotional support and take orphaned children to function as a sponsor, in short-term, to attack expenditure for medical treatments or funerals, to support persons affected with the

¹²⁹ confer Sonja Weinreich; AIDS – An Illness changes the world (2005)

¹³⁰ Lt. *Technical Document for the sixth Report*; Federal Ministry of Health and National HIV/AIDS Prevention and Control Office; September 2006

¹³¹ confer E. Maxine Ankrah (1993)

¹³² confer Prof. Dr. F. Schulz-Nieswandt (1996)

lack of foods. We can find this kind of networking predominantly in rural regions. For the most part, girls and women are female grandparent aware the tasks of these networks, frequent aunts as well. The nursing tasks are in the foreground mostly. Such informal systems have however narrow limits. Socio-economic and political changes reduce the necessary social cohesive force, resources and the will to be able to counter appearing challenges around In view of continuous trends of the modernization, migration and urbanization, the nets are exposed in addition, to a strong structural changes. The necessary safeguarding systems are endangered lastingly. The AIDS-related mortality also attacks the density of these networks very strongly. Taking orphans primarily is always more seldom possible for relatives.¹³³ It is another point that the caring older generation is exposed often to a double load. On the one hand, the grandparents generation, must provide cares to a high number of AIDS, on the other hand, these people have low support and potential care with regard to their own neediness by their children.¹³⁴

- **Demographic development and their consequences**

AIDS has the greatest effects on the demographic development undoubtedly by the increase in mortality rates. After the statistics listed below, in Ethiopia, 4.100 people died alone every day in the calendar year 2007, based on the average of the results of HIV/AIDS. According to the Ethiopian ministry of health, this number is expected to up to the year 2010 into around 5.200 people per day. This situation has undoubtedly effects on all areas of the social and political living in Ethiopia.

Despite the highest mortality rate in the young and middle adulthood, the infant mortality may not be disregarded. According to minister of health, about 18.0% of children less than 5 years die because of results of HIV/AIDS.¹³⁵ Because of this, the AIDS illness is the most frequent cause of death in this age group. A sinking fecundity could get effective demographically next to the adults and infant mortality as a broader factor. Lewis et al confirmed to examinations on women after which HIV-positive, show that fecundity is reduced by about 25%.¹³⁶ In times of the strongest

¹³³ Vgl. Fröhlich (2005), S. 353

¹³⁴ Hierbei spricht man von dem sogenannten ‚Grandmother’s burden’-Effekt; vgl. Prof. Dr. Prof. Dr. Schulz-Nieswandt

¹³⁵ confer Technical Document for the sixth Report; AIDS Deaths of Children under Five Years of Age, Ethiopia 1990 - 2010

¹³⁶ confer Hamoudi/Sachs (2002)

distribution of HIV/AIDS the number of the births dropped by 6% as of, in Uganda for example.¹³⁷



Actual Total population size and population mustard gas to HIV/AIDS, Ethiopia 2000-2010¹³⁸

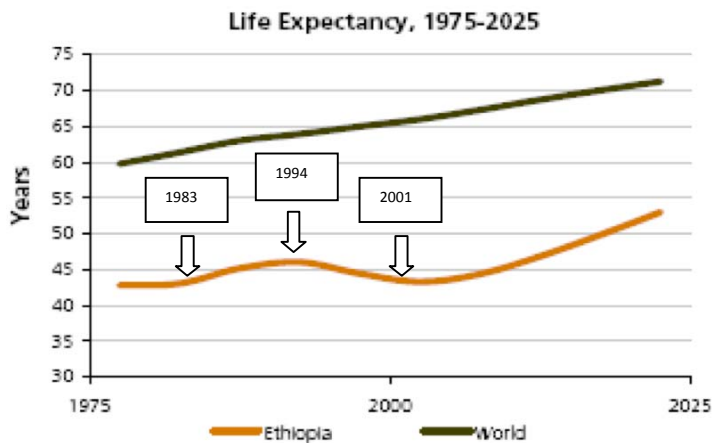
As mentioned in 2.2 already the infection rate is particularly high between 20 – 40 years old. The probability that the infected still died of the results of the infection before to complete one's fortieth year of life is very high till now. This has a clear effect on the average life expected of the Ethiopians. Since the AIDS mortality does not concern every age cohort in the same way (and furthermore occurs increasingly sex-specifically at different times), the structural construction of the population will change considerably.

Looking statistical evaluation of 'Life-Expectancy 1975-2025; the average of life roses slowly but continuously since 1983. The highlight is reached in the year 1994, though and a downward trend enters again a year later. It is surely the main reason for this development was in the year 1984 that HI-Virus was proved for the first time with a man in Ethiopia. During the subsequent years, the number of infected continuously roses. Until it came, the outbreak of the illness and its consequences of death further, 7-10 years passed. So, for the first time, in 1994 found its expression the AIDS deaths

¹³⁷ Confer Lewis et al. (2004), zitiert nach Zaba/Whiteside/Boerma (2004)

¹³⁸ According to *Technical Document for the sixth Report*; Federal Ministry of Health and National HIV/AIDS Prevention and Control Office; September 2006

in the life expectancy statistics negatively. Quite a number of years passed until in turn the first state reconnaissance measures were then realized with the population.



Source: Earth trends, Ethiopia (2003)

As is still more clearly obvious in the statistics listed below, the average life increases at one of sinking HIV Prevalence in Ethiopia considerably. Particularly within the years 2000 to 2006, the country had to cope with a number of drastic consequences especially due to this negative demographic development. The reduction of the life expectancy was, for example, the felt (economic) profit in the area of the household level. Temporal and monetary investments in human capital lowered considerably. The shorter the rest life time to be expected is, the shorter the period of time also is in which the capital goods can themselves make education with a worthwhile return paid.¹³⁹ Education therefore is not rewarding in the measure for some parts of the population any more. Qualified employees trained well are irreplaceable in a country which, in the future, will always be in the competition with other African countries. A deficit in this area has to be made up again very slowly.

¹³⁹ confer Hamoudi/Sachs (2002).



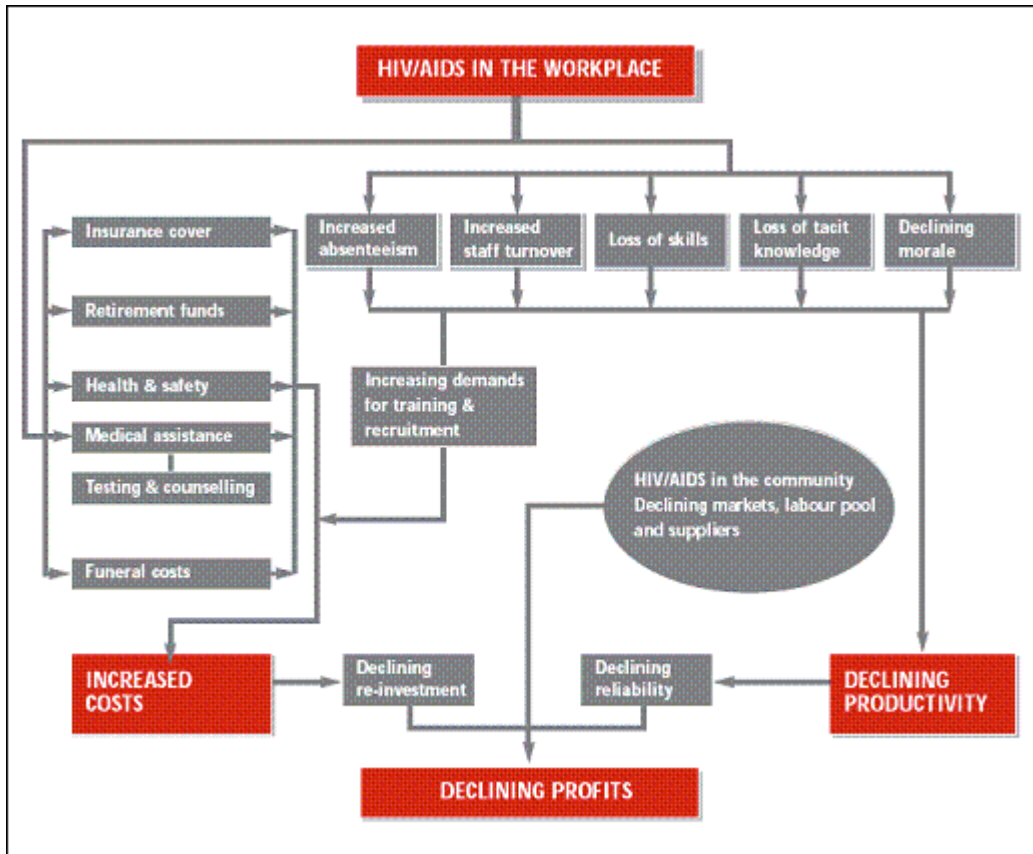
Estimated and Projected Life Expectancy at Birth, 2000 – 2010; Technical Document for the sixth Report, Federal Ministry of Health

While the demographic consideration, has according to tendency glanced at future-related consequences, it shall be shown in the following sub-chapter how the increased in mortality and morbidity, have an effect over the state and private sector.

- **Effects on the state and private sector**

HIV/AIDS changes the situation of almost all places of work in the high prevalence regions. It impacts in the formal or informal work, in the private or public sector, as well as in rural or urban areas.¹⁴⁰ Infections with HIV, AIDS illnesses and deaths among part of the employees, influence the workflows of a business.

¹⁴⁰ International Labour Organization (ILO); 2004



Source: PWBLF/GBC/UNAIDS (2000), page 15

As shown in the above illustration, three are the mechanisms which are different and woven with each other nevertheless narrowly which lead companies to operational disadvantages more concernedly agreed for themselves: Increasing costs, declining productivity and a sinking profitability.¹⁴¹ The direct impairments for the enterprise by the dismay of the employees is a starting point on this consideration.

The following factors have to be taken into account by the owners of the enterprise as primary significance for the business:¹⁴²

- ✓ By medical cases in the staff, as well as by a increased care need of family or Community members¹⁴³, it comes to increased false day of the employee¹⁴⁴ (increased absenteeism).

¹⁴¹ PWBLF/GBC/UNAIDS (2000), Page 15

¹⁴² Confer Ebony Consulting International (2002); 118 small and middle enterprises in Africa were asked. They became after out its view primary in each case problem in their country.

¹⁴³ More still than in Europe, family and community members (extended family) play an elementary role in the care of their needy members in developing countries. Comparisons for this Dixon-Fyle/Mulanga (2004)

¹⁴⁴ UNAIDS reports for example, of an Ethiopian coffee producer, who documented a loss of 8.000 working hours in the years 1997-1999 alone through HIV/AIDS.

- ✓ An employee dies or leaves the business due to its illness, means a loss of tactic knowledge and loss of skills for the company.
- ✓ A constant fluctuation arises among the employees, increasing the staff turnover due to HIV/AIDS
- ✓ It is suspected, that the infection of HIV reduce (declining morale) and the work motivation of the colleagues is reduced.¹⁴⁵

Increasing the need for new appointments, as well as for further education measures, counteracts the effect of the sinking productivity or increase in costs. In addition, permanent changes in the employee environments often diminish the rate of productivity.

The interplay with the macroeconomic framework conditions still to be described, the declining productivity and the increasing costs, an altogether lower profitability of companies concerned arises with the HIV/AIDS.

These mechanisms have a strong effect on certain enterprises in particular it depends of specific variables of certain companies. Once in the enterprise is established the HIV prevalence of the geographical region, it determines the risk of infection among its employees. The enterprise industry is decisive for endangering. So, some sectors are concerned particularly with a high labor migration. In addition, the necessity of employee training has a direct effect on the expenses in recruitment.¹⁴⁶

3.2 Economic consequences

Appropriate publications of the United Nations write numerous studies about the macroeconomic effects of AIDS. The study provides till now, contradictory results and does not allow any clear vote on the effect of the epidemic on the economic growth.

A great difference between the HIV/AIDS epidemic and historical epidemics like plague and Spanish group have temporal consequences. While those historical epidemics led in all age groups and then abated fast relatively again for a relatively short-time and acute rise of the mortality, adults primarily die by AIDS in the economically particularly productive young and middle years of life. By the slow course of a disease the economic results of HIV/AIDS are revealed only late. So often the extent of the consequences gets clear only over generations. For example AIDS

¹⁴⁵ Dies kann beispielsweise begründet sein durch häufigen Verlust von Kollegen, Stigmatisierung oder auch Diskriminierung durch Mitarbeiter beziehungsweise durch die Unternehmensleitung. Vgl. UNAIDS 2002

¹⁴⁶ Confer Terhorst (2001), Page 28 ff and ILO (2004) Page 16

orphans have no formal education, so their chances impaired appropriately strong. Altogether, HIV/AIDS has an effect on economic growth in different forms.

- **Economic costs of prevention and treatments**

Serious consequences are obliged for the health service, and it is financing to face the HIV/AIDS epidemic. The public financial requirement for the prevention of HIV and the treatment and care of AIDS sick people is enormous. The total costs for the next six years (2007 - 2012), in the area of the prevention, treatment and care becomes about 34 billion Birr (approx. US\$3.9 billion) according cost calculation of the national Ethiopian AIDS commission.¹⁴⁷ The largest cost factor is about 8.2 billion Birr (approx. 24%) for the antiretroviral life prolonging treatment. The care and support of the people fallen ill and the orphans is also an enormous cost for hospitals, care facilities and support houses reaches 14.2 billion Birr. To ensure an effective fighting against epidemic by the Ethiopian government, it is required about US\$ 350 millions to be invested every year. Due to the growing number of AIDS illnesses and the population growing steadily, annual costs is calculated on about US\$ 764 millions for the year 2012. The fighting HIV/AIDS is not possible with a national budget of only US\$ 4 billions U.S. External resources are extremely necessary.

¹⁴⁷ According to HAPCO: Multi-Sectoral Pan of Action for Universal Access to HIV Prevention, Treatment, Care and Support 2007-2010

	Programme Area	In Birr	In %
Prevention	Condom	1 603 512 000	5%
	HCT	1 476 268 066	4%
	Blood Safety	48 307 000	0%
	PMTCT	2 381 349 652	7%
	STI	102 869 102	0%
	Other ()	24 225 000	0%
	Sub-Total Prevention	5 636 530 820	16%
Treatment	Art	8 241 500 563	24%
	Other (Oti...)	300 911 199	1%
	Sub-Total Treatment	8 542 411 762	25%
Care and Support	OVC	7 028 191 800	21%
	PLHIV	7 194 752 500	21%
	Other ()	9 920 000	0%
	Sub-Total Care And Support	14 232 864 300	42%
Other	Capacity Building	156 876 300	0%
	Social Mobilization	2 111 331 925	6%
	Leadership And Maintainance	410 719 477	1%
	Coordination And Networking	458 430 000	1%
	M & E	955 938 940	3%
	Program Management	272 381 600	1%
	Other	1 406 715 607	4%
	Sub-Total Other	5 772 393 849	17%
Grand Total (In Birr)		34 184 200 732	100%

Estimated of Financial needs (2007-2012), by key programmes (in Ethiopian Birr) ¹⁴⁸

A national budget which has a comparatively high interior indebtedness, which is financed with a third of the so-called “donor countries”, depends more of its politico-economic factors. Till now, it is only covered about 5.9 billion Birr by firm promises to finance from the 34.2 billion Birr most likely required up to the year 2012. Main sponsor is undisputed for 'The Global Fund'¹⁴⁹ with about 2.2 billion Birr. The second largest giver organization, 'The United States President's Emergency plan for AIDS relief' (PEPFAR) gives around 0,987 billions Birr.¹⁵⁰ The 'United Nations Development Assistance framework (UNDAF)' and the 'World Bank' follow the list.

¹⁴⁸ HAPCO: Muliti-sectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care und Soupport 2007-2010, November 2007

¹⁴⁹ The Global Fund ist eine UNO-nahe Organisation, die sich der Finanzierung der Bekämpfung von AIDS, Malaria und Tuberkulose widmet. Die Vereinigung wurde im Jahr 2000 auf einem G8-Treffen gegründet. Der mit Abstand wichtigste Unterstützer dieser Institution sind die USA.

¹⁵⁰ The President's Emergency Plan for AIDS Relief was a commitment of 15 Billion US\$ over five years (2003-2008) from United States President George W. Bush to fight the global HIV/AIDS pandemic.

	BASELINE	PLANNED (in Ethiopian Birr)				
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
DOMESTIC SOURCES						
Government	N/A	10,331,470	10,848,044	11,390,446	959,968	12,557,967
FBOs	N/A	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000
Sub-Total	N/A	30,331,470	30,848,044	31,390,446	20,959,968	32,557,967
EXTERNAL SOURCES						
Global Fund (R2 & R4)	1,041,428,043	1,079,959,831	1,097,699,115	0	0	0
PEPFAR	526,603,380	987,256,057	0	0	0	0
UNDAF	88,172,598	126,445,056	164,717,514	164,717,514	164,717,514	0
World Bank	N/A	69,582,600	69,582,600	69,582,600	0	0
SIDA	N/A	25,163,077	25,163,077	25,163,077	25,163,077	25,163,077
DFID	N/A	13,711,200	0	0	0	0
Sub-Total	1,656,204,021	2,302,117,821	1,357,162,306	259,463,191	189,880,591	25,163,077
TOTAL	1,656,204,021	2,332,449,291	1,388,010,350	290,853,637	210,840,559	57,721,044

Projected financial resources by source and by year (in Ethiopian Birr)

The money gap is about 28.2 billion Birr (approximately billions U.S. \$ 3.2) for 2007–2012, the six-year period. The amount for the government of year to year not financed yet, rises dramatically.

- **Macroeconomic consequences due to the nationwide HIV/AIDS epidemic**

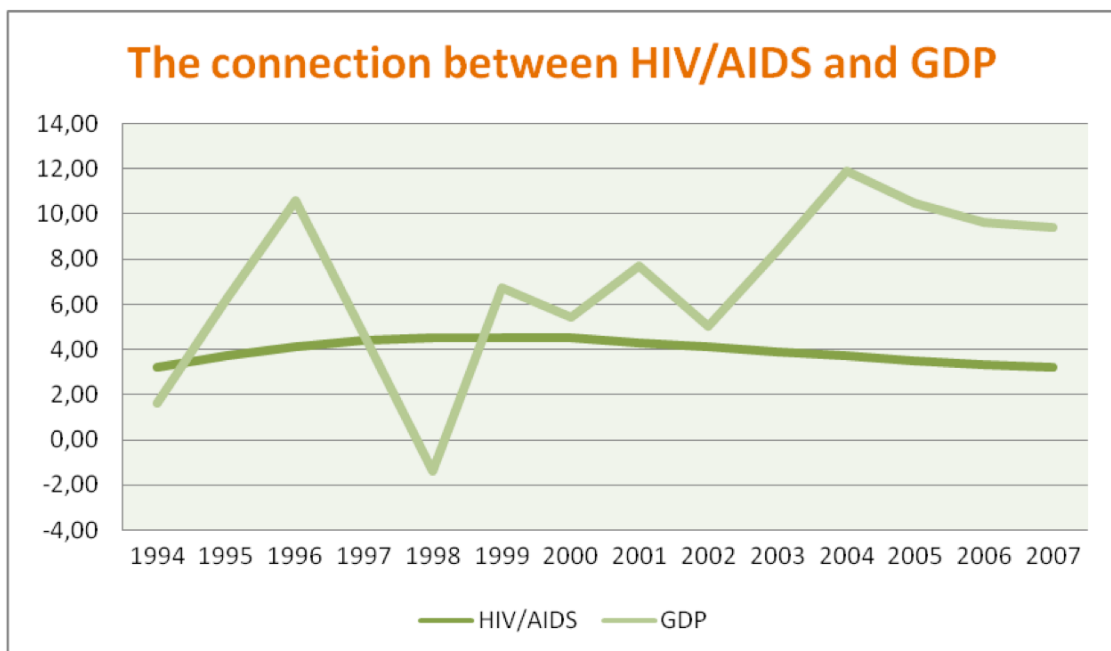
The fundamental effect of an increasing in morbidity and mortality is easily understandable at level of the labor markets and the productivity of the offered labor. AIDS burdens and kills people in the most efficient phase of its life, reduces its productivity and eliminates its labor and work competences in the end.¹⁵¹ Let's itself give due to many very inaccurately quantifiable damage mechanisms no accurate monetary statement about the economic consequences of HIV/AIDS on a national economy. However, current economic simulations assume that the pandemic slows the growth of the national economy down noticeably. By increasing deaths a shortage comes the more highly qualified employee. The demand of enterprises and state institutions for qualified workers, however, rises.¹⁵² The pay and salaries and at long last also these becomes presumably supply price rise through this in this group. As in the long run the situation will develop is dependent on the future investments of generations coming into education and further education. In a situation in which children are forced to leave their school, rather there is a good chance on a long-term

¹⁵¹ Confer Brown (2004), page 293

¹⁵² Markus Haacker; The Macroeconomics of HIV/AIDS

basis for a downward trend. This development also would have all of the economic capabilities of the country an effect on it. The situation will have consequences into future Economic growth by virtue of less educated workforce humanely wants. “Reduced level of human capital investments will have consequences for future economic growth by virtue of less educated workforce in poorer overall health.”¹⁵³

If we look the following statistics, though, there is no connection between the distribution of HIV/AIDS and the economic growth of the country is at first sight recognizable. Let oneself be seen the observer within the years 1995 to 2000 one increases of the gross national product of on an average 4% rather. The proportional HIV prevalence reached its highlight special within these years, in Ethiopia.



A study of A. Bersufekad¹⁵⁴ noticed that about 94% of the AIDS patients incomes were less than 480 earn Birr (approx. US\$ 50) per month. The average income is considerably lower than other African states, as well as higher unemployment rate. Therefore, we assume over the medium term, that the freely nascent jobs can be after occupied fast due to the illness of the employee vacancies. Another is point is gained due to about 80% of the GDP comes from the farming in Ethiopia. The returns on the

¹⁵³ Brown (2004), page 293

¹⁵⁴ A. Bersufekad “A Study on the Socio-Economic Impact of HIV/AIDS on the Industrial Labour Force in Ethiopia”. Second Draft. Addis Abeba, (1994).

farming are reduced strongly after the death of the husband mostly. The production is continued on reduced acreages but mostly and therefore also gains yields.¹⁵⁵

Summarizing, it can be said, that although distribution gave important demographic cuts due to the HIV/AIDS. In the past, only very low steps backward in the macroeconomic development of the country

Chapter IV: The role of national and international organizations in the fight for HIV/AIDS

The HIV/AIDS is one of the most terrible problems of the world population. It was treated superficially in the UN design of the objectives of the millennium. In accordance with the millennium plan, all 192 member states of the UN obliged themselves to 2015 the fulfillment of these aims.¹⁵⁶

- ✓ Eradicate starve extreme poverty and
- ✓ Achieve universal primary education
- ✓ Promote genders equality and empowerment of women
- ✓ Reduce child mortality
- ✓ Improve maternal health
- ✓ **Combat HIV/AIDS, malaria and other diseases**
- ✓ Ensure environmental sustainability
- ✓ Develop a global partnership for Development.

Many of these aims have an indirect or immediate reference to the AIDS difficulties, but primarily they offer only a guide. To go from this guidelines to obligatory activation of concrete measures, is incumbent the individual member states. The assignment-of-duties statement is already fundamentally more concrete in this meaning to the topic HIV/AIDS. The assignment-of-duties statement was adopted at the completion of a three days UN special session on April 2001 as a Declaration. This Declaration, calls upon the individual countries to develop national strategies into the fighting the epidemic and to build corresponding finance plans as well as to introduce a number of prevention programs within the next years. The event was praised success and a

¹⁵⁵ M. Demeke (1993) „The Potentail Impact of HIV/AIDS on the Rural Sector of Ethiopia”

¹⁵⁶ United Nations Millennium Development Goals

historical event by many participants. The declaration follows up an integral approach and gives the treatment the same place value as the prevention.

Up to 2005, the Countries most deeply affected by AIDS were those with infection rate under the 15 - 24-year lower by a quarter. This shall globally be accomplished to 2010. It also shall be made sure to 2005, that 90% of this age group, which are necessary to reduce the HIV/AIDS infection rate, has access to information and to services.

Not as in the case of many other topics of the international cooperation, it is not all about at the AIDS politics to propagate a uniform procedure but an amplified consciousness and an institutional engagement shall be created to diminish the spreading of the epidemic and reduce its negative consequences. For this reason the following engagements were strategically primarily in the foreground:

- ✓ The promotion of synergies by means of bilateral and multilateral programs
- ✓ The strengthening of competences and capacities by means of complementary strategies based on partnership and concepts.
- ✓ A systemic attempt at the limitation of the physical, psychosocial and economic consequences.

The coordination with all protagonists, particularly with the national AIDS programs as well as the civilian population and the person affected, presuppose all these measures had to be taken.

4.1 National organizations

- **Government organizations**

Ministry of health (MOH)

The Ethiopian government had decided, to reform its health service as of the year 1997. To this, it started a 20-year Health Sector Development Program (HSDP). The government wanted to accomplish following goals by the development, of different long-standing programme.¹⁵⁷

¹⁵⁷ According to United Nations economic and social council; Health Sector Development Programm (HSDP) Ethiopia 2007

- **To increase the number of nurses and medical teams.** Due to the dedicated following of this aim, the number of employees gained in employees in the public health service from 2.800 in 2005 to 9.900 in 2006. By quite a number of training measures the employees achieved one clear improvement in developing technical skills.
- **Special malaria programs.** This program level covers the introduction of improved malaria control and contraception strategies. So about 5.8 million mosquito nets were distributed in the year 2005/2006, for example.
- **TP and leprosy control program**
- **Reduction of the infant mortality.** This program concentrates the nationwide child deaths on the illnesses, the 90% on causing (HIV/AIDS, pneumonia, malaria and malnutrition.)
- **Blindness contraception program**

Although the Ethiopian government or the ministry of health puts all strength into the putting into action of the development program faced big obstacles in the daily work again and again. For example, the lack of medicines, clean water or system facilities to educational institutions, among others. Through, the reforms suffer steps backward again and again.

Ethiopia Federal HIV/AIDS Prevention & Control Office (HAPCO)

The 'Federal HIV/AIDS Prevention and control Office' was taken into operation on April 2000. On the whole it became to fight the vision with in business taken, HIV/AIDS, that no more development problem represents it for the Ethiopian state and his population. It therefore became to give the main task, the government's recommendations for HAPCO at the improvement in the national HIV/AIDS programme. HAPCO just is responsible for the coordination at the realization of the programmes. Further important task was to put the main emphasis in to collect, to make and to analysis information about the general situation of the nationwide HIV/AIDS spread.

- **National NGO and private networks**

Ethiopia was an absolute monarchy in front of 1974. The last monarch was Haile Selassie. After the fall of the emperor, the armed forces took hold of the power. The monarchy was abolished and the country was rebuilt to the Socialist People's

Republic with Soviet help in 1975. Political opponents and religious communities were followed in the mono-parliamentary Ethiopia. The civilian organizations have been organized underdeveloped since this time. Only the last decade the civilian organizations have increasingly decided in favor of the socio-economic development of the country. Compared with other African countries, however, the organized NGO sector has been developed very weakly.¹⁵⁸

Church organizations

A multilayered topic is AIDS and the churches. For many contemporaries, the churches rather belong to the problem than the solution. They are taken to connection with rigid sexual morals and the rejection of prevention measures. The two particularly sensitive topics are sexual clearing up for teenagers and the use of condoms. The churches indeed, had considerable difficulties in having a good look at the topic HIV/AIDS constructively and, around an effective prevention, efforts being often hindered sooner than promoted. This has been appreciated and been sorry also publicly.¹⁵⁹ Despite some theological groundwork, it is still difficult for many churches people to accept, to promote and to carry all reconnaissance and prevention efforts unprejudiced with HIV/AIDS.

On the other hand, the churches have absolutely contributed to an effective clearing up and a humane support of people with HIV/AIDS in some areas. Churches also have been aware with AIDS as an important partner at the overcoming internationally and secular organizations. Churches and church relief organizations can do this decisive contribution in the fighting against HIV/AIDS. Churches have an extraordinary significance for many people in Africa, especially in Ethiopia. Moreover, the churches manage important resources. They have networks, which reach to up to the most remote areas of Ethiopia. The most important resources are the believers with their different talents, though. Many of them provide to church municipalities and organizations, work as voluntary helpers. It is especially hard in areas where fight against HIV/AIDS could not be covered by the churches.

The Ethiopian Roman Catholic Church (ECC) has already started very early to care about HIV/AIDS actively.¹⁶⁰ The church has an easily access to the people, particularly in education, information and clearing up. Most Ethiopian local parishes

¹⁵⁸ World Bank; Africa: Multi-Country HIV/AIDS Program for the Africa Region (Ethiopia and Kenya)

¹⁵⁹ „AIDS and the church“; Ökumenische Rat der Kirche (1997)

¹⁶⁰ According to Ethiopian Catholic Secretariat, Addis Ababa (02.2008)

support for example infected people with their families in mostly informal way. The Roman Catholic order *Medical Missionaries of Mary (MMM¹⁶¹)* runs for free, voluntary HIV tests through, in St. Lukas Hospital (Addis Ababa), Mary Laboratory (Addis Ababa) and at the health centers of Bushilo and Chire. Numerous children's homes for HIV/AIDS infected children (House of children' in Addis Ababa) and for all those children which have completely lost the family allocation. Also are operated by church organizations and make an important contribution against the pandemic.

Not church national NGOs

Although the framework conditions in Ethiopia for the foundation of private self-help groups are very bad, the population has started to mobilize and to organize itself against HIV/AIDS. Most of national NGOs working in the area of the HIV/AIDS are concentrated more and more on the educational work over population. Only a few are working in the area of medical and social support to the persons affected. This is another problem that most of NGO establish themselves of large towns in the area and get active. Although, the rural population would have a considerably higher need of support, often clear insufficient supplies are in these regions.

The largest not government organization is 'Dawn of Hope' (DHEA). In the year 1998, it was founded by people who were infected with the HI-Virus.¹⁶² The organization stands up for the protection of human rights of PLWHA, its families and members as a matter of priority. The aim of the not discrimination of PLWHA is undoubtedly in the foreground. In addition, the organization by specific measures tries the quality of life the fallen ill to improve considerably. For example, material supports are provided under the form of clothes, bedding etc. The bereavement belongs as well among the tasks of the organization. A regularly newspaper shall inform teenagers particularly about the protection from the HI-Virus.

The organization 'Mekdim Ethiopia' is so to speak the sapper in the private national AIDS help. It was the first organization of its type in Ethiopia. It was founded 1997 by HIV-positive persons. Its main task is to help, support and love orphan patients with AIDS. Its fields of activity were established mainly in the regional area during the period of promotion. The projects gradually extended both quantitatively and

¹⁶¹ 'Medical Missionaries of Mary' 1937 in Nigeria were created by the Irish medal sister Mary Martin. The sisters came 1960 to Ethiopia. Here they worded on most diverse health care programs, attendance of patients, training by the medical profession and children handicapped in the support of In addition they carried comprehensive services out for persons, who are concerned with HIV/AIDS.

¹⁶² According to Interview 12.02.2008 Addis Abeba; Dawn of Hope Ethiopia (DHEA)

qualitatively. As a consequence, three years later 'Mekdim Ethiopia' was much appreciated by the Ministry of Justice as a national organization. Addis Ababa (Oromya, Jimma, Amha and Shashemene) branch offices were established in four regions in the meanwhile.

Other organization; the 'Tilla association', however, is working in the southern part of Ethiopia, mainly in Wolaita, Sidama, Gedio and Kembata. This organization fights in favor of women and girls.¹⁶³ Particularly for those exposed to traditional rites (circumcision, genital mutilations, marriage during childhood, kidnappings, abortions, etc: .based on Tilla reports). On the other hand, women are more vulnerable due to social and biological conditions opposite HIV/AIDS. Therefore there is one of the most important aims of the association in reducing social vulnerability of women as well as soothing the bad socio-economic situation of women with respect to HIV/AIDS. This also means that women must have better concepts respect to contraception among others. Accomplishing the put goals by various activities such as information and advice activities Tried of 'Tilla'. According Tila, women infected in rural areas regularly are socially discriminated. For this reason, the stigmatization is much higher than with men. Women seldom do not inform their partner about their HIV status, not since they are afraid to be left by them.

The organization, in addition, has a low budget, so some projects can be carried out or reduced very much.

4.2 Organizations of the international association of states

HIV/AIDS has spread in Ethiopia in almost all areas of the society by now. The country is dependent on help of international experts and sponsors in the fight against the illness. A sensible prevalence was already explained in 3.2 what precisely exceed the financial possibilities of the country so far. The insufficient resources also impact in the infrastructure of health services. The country can't manage the illness control without external help and support. But the international relief organizations had to surround themselves in their work at first. The fight against the illness must be present in all areas of the public and private life not only in high prevalence regions. Considerations for the fighting must flow into every work planning, into every budget in every project or every teaching curriculum. Some organizations which commit

¹⁶³ According to www.etharc.org/plwha/associations/abouttilla.htm (09/2008)

themselves in Ethiopia are described exemplarily in the following. This can be only a small clipping from the multilayered work of the organizations in Ethiopia, though.

- **UN organizations and programs**

The United Nations is an international association with 192 member states that is recognized as a global international organization. Member states commit to respect the UN Charter. The most important tasks of the organization is to safeguard the international peace and security of the world, according to international law, the protection of human rights and the promotion of the international cooperation. The organization of the United Nations consists of six main organs:

- ✓ The General Assembly
- ✓ The Security Council
- ✓ The Secretariat
- ✓ The Economic and Social Council
- ✓ The Trusteeship Council
- ✓ The International Court of Justice (The Hague)

The General Assembly is the general meeting of all member states. Among other responsibilities, the General Assembly checks and approves the budget of the United Nations (article 17 UN-Charter). To the further tasks the consultation and the acceptance of resolutions belong. The General Assembly may itself manner practically everybody touch question of international importance, as long as it is not treated by the Security Council at the same time (article 10 UN-Charter).¹⁶⁴ In order to master the extensive tasks to the most diverse group of topics, it can to committees furnish. In the following are to be exemplarily mentioned some these organizations.

HIV/AIDS problem has undoubtedly big international importance. Many committees have been involved with this topic; directly or indirectly.

Below, are detailed some organizations that have to be mentioned exemplarily hereinafter.¹⁶⁵

¹⁶⁴ C. Löser; Democratic authentication of the activity of international organizations.

¹⁶⁵ The United Nations System; Published by the UN Department of Public Information (2007)

Program and Fund	Research and training Institute	Other UN Entities
<ul style="list-style-type: none"> • UNDCP (UN Drug control Program) • UNICEF (UN Children's Fund) • UNDP (UN Development program) • UNHCR (Office of The UN High Commissioner for Refugees.) • UNIFEM (UN Development Fund for Women) ... 	<ul style="list-style-type: none"> • UNITAR (UN institutes for training and research.) • UNRISD (UN research institutes for Social Development.) ... 	<ul style="list-style-type: none"> ✓ UNAIDS (Joint nation programs on HIV/AIDS.) ...

Many of these organizations have offices in Ethiopia and collaborate in the fighting against HIV/AIDS in Ethiopia.

The United Nations Economic and Social Council (ECOSOC) is but also tied into the HIV/AIDS difficulties strongly. In addition to the UN General assembly, the Economic and social Council engages itself on economic and social areas. Concrete tasks for example, are the increase the general standard of living and the promotion and defense of human rights. Jointly, ECOSOC coordinates particularly all the activities of the numerous UN special organizations. These special organizations are subdivided into two groups:

- ✓ Organs which are created by the United Nations System (entities, programmes and funds)
- ✓ Specialized agencies which cooperate with the United Nations due to contractual agreements.

Some of the specialized agencies are strongly engaged with Ethiopia. They help directly or indirectly fighting against the infectious disease. Particularly in this country are; the World Health Organization (WHO), the International Monetary Fund (IMF) and the World Bank Group.

Here is a brief task description of three of these organizations.

The World Health Organization (WHO)

The organization of the United Nations which especially deals with health questions is the World Health Organization (WHO). The WHO has aimed at the fulfillment of the best possible state of health of all people. Health is defined by WHO, as a condition of a complete physical, intellectual and social well-being, and not only the absence of illness.¹⁶⁶ It is a central task of the WHO to succeed with guidelines, standards and methods in health-related areas. More than 8.000 people in 150 countries with 147 offices are working for the organization. Among other responsibilities, the worldwide coordination of national and international activities to fight against illnesses like HIV/AIDS, malaria, SARS and flu.

At the moment, the regional office for Africa is located in Brazzaville (Congo). But also in Addis Ababa there is a country office that has since long time been supporting the government in the fight against HIV/AIDS. In the context of the "Global program on AIDS (GPA)", the first national working group was created in 1985, with support of the WHO. This cooperation between the ministry of health and WHO, was developed in the subsequent years. Particularly, by the subsidies received from the GPA program and the technical support given by the employees of the WHO. Clear improvements could be obtained in the clinical care of patients infected with HIV, in diagnosis technology and in data management. Also provides the technical and financial support at the check of blood transfusions with additional resources (including antiretroviral medicine) so WHO is a reliable and worthy partner of the Ethiopian government.¹⁶⁷

- **Joint United Nations programme on HIV/AIDS (UNAIDS)**

Originally lay the main responsibility for the fight against HIV/AIDS in the context of the United Nations with the WHO. Middle of the 90's became however clear that the persistent propagation and the devastating effects of the epidemic on all aspects of the human life, as on the social and economic development still stronger efforts were necessary on the part of the world community. In 1994 were established UNAIDS, which took up its activity in January 1996 to Joint from there by the ECOSOC, the United

¹⁶⁶ Working for health – An introduction to the World Health Organization

¹⁶⁷ The World Health Organization work(2007), Anna Mladonova (Norway)

nation programs on HIV/AIDS. It was carried originally by three special organizations (UNESCO, WHO and World Bank) and three special organs (UNICEF, UNDP and UNFPA) of the federation of the United Nations. 1999 were added still into Vienna resident program for the international drug fight (UNDCP).¹⁶⁸

UNAIDS is the most important advocate with respect to global level epidemics, it pursues a similar coordination strategy like the WHO with respect to AIDS. However, the program focuses still more strongly on the work with local partners. It leads, strengthens and supports measures against the assignment and further distribution of HIV. UNAIDS offers support and treatment and trying to reduce the vulnerability of man and community compared with HIV and AIDS, also to reduce the consequences of the epidemic. It also has closer partnership with protagonists of the civilian organizations, the private sector, local and national organizations as well as with people having to live with HIV/AIDS. UNAIDS works out strategies and action plans which tackle one specific problem in a given region or country.¹⁶⁹

A very important UNAIDS task in Ethiopia was, the advice of HAPCO (HIV/AIDS Prevention and Control Office) at the putting into action, the so-called 'Three Ones key principles'.¹⁷⁰ Here a document was developed, which for all foreign relief organizations a reliable guide with the fight against HIV/AIDS. This paper was developed to bundle resources and increase the use of the population.

According to Roger Salla Ntouna, UNAIDS coordinator for Ethiopia, the organization has a broad recognition in the Ethiopian population. Not least by an engaged and very good networking with other regional organizations the work of UNAIDS is very successful in Ethiopia.

Particularly the office of UNAIDS in Addis Ababa works very closely with the supra-regional African organization 'The New Partnership for Africa's Development (NEPAD)'. Among other things this organization has set itself the target (African peer review mechanism) to make education possible for everyone and to design the

¹⁶⁸ **Peter, Baron Piot** (born 1949 in Leuven, Belgium) is Under Secretary-General of the United Nations and Executive Director of the UN specialized agency UNAIDS

¹⁶⁹ According to www.unaids.org

¹⁷⁰ There was strong consensus on three principles applicable to all stakeholders in the country-level HIV/AIDS response: a) One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners. b) One National AIDS Coordinating Authority, with a broad based multi-sector mandate. c) One agreed country level Monitoring and Evaluation System.

fighting HIV/AIDS active.¹⁷¹ UNAIDS is an active partner of this APRM project and technical and financial support delivers.

➤ **United Nations International Children's Emergency Fund (UNICEF.)**

The child relief organization UNICEF supports children and mothers in around 160 states in the areas of health, family planning, hygiene, diet and education. Exactly these tasks stand for years ever more in direct connection with the topic HIV/AIDS. So that also with the child welfare organization UNICEF the topic plays HIV/AIDS particularly on the African continent an ever larger role.

There is further main emphasis of UNICEF in Ethiopia. It supports about 5 million orphans, and the construction of an operational water and environmental sanitation. Future-oriented projects are supported particularly in the education of children. Here are in particular in the rural ranges of the regions Tigray, amhara, Oromia and the region Somali a large need given. Jointly with other UN organizations, such as UNESCO and WFP, go to school shall be easier for children to the basic educational system. About 360 schools and training centers were founded or supported financially in the year 2004.¹⁷² So, children can attend the school, UNICEF provide books, exercise books and further materials regularly. Street urchins and young mothers learn professional abilities like tailors, hair blades, weld and other manual activities in courses given at schools and training centers. They also take courses about hygiene and health care.¹⁷³ The participants are informed about protective measures in front of illnesses like HIV/AIDS and malaria. However, UNICEF also has trained partner organizations in the construction of economizing and credit groups. Thanks to small loans, young mothers can develop business at their own. Education is given to protect themselves by prostitution, diminishing the risk of HIV infection

¹⁷¹ According to www.nepad.org/2005/files/actionplans.php

¹⁷² UNICEF Humanitarian Action ETHIOPIA in 2005

¹⁷³ According to www.unicef.de/aethiopien_kinder.html ,Which does UNICEF?'

EASTERN AND SOUTH AFRICA	
Angola	27,050,000
Burundi	20,882,159
Eritrea	13,090,772
Ethiopia	38,254,900
Lesotho	1,515,000
Malawi	3,292,800
Mozambique	8,970,000
Somalia	15,512,000
Swaziland	6,135,000
Tanzania, United Republic of	5,620,000
Uganda	28,493,180
Zambia	4,105,000
Zimbabwe	7,500,000
Support to ESARO	815,000

2005 UNICEF HUMANITARIAN action of Financial REQUIREMENTS (in U.S. \$)¹⁷⁴

Material support is given by UNICEF to help needy people. The child relief organization has repaired simple accommodations and made sleep spaces for street urchins and young mothers. Hundreds homeless children already got a safe place in Addis Ababa for sleeping.

Not least the above statistics shows how UNICEF sees a gigantic potential just in Ethiopia to assistance in an emergency. According to UNICEF, Ethiopia has by far the highest financial requirement in the area of east and South Africa.

- **International State Organizations and Programs**

African Union

The African Union (AU) is an association of states containing 53 members from all African states (apart from Morocco). In the year 2001/2002 it took the succession of the Organization for the African Unity (OAU). The headquarters of the African Union is in Addis Ababa.

The African Union also considers the fighting against HIV/AIDS as a prior-ranking aim for its member states. Both in the Abuja-declaration 2001 and in the Maputo-declaration 2003 means that the organization is interested in winning the fight against the illness. It was called this way at the end of Maputo explanation, 2003. They express:

¹⁷⁴ UNICEF Humanitarian Action Report 2005

"We press that the efforts are strengthened and extended to all member countries in the fight against HIV/AIDS, TB, malaria and other infectious diseases developed further until effective control has resulted for the illness."

Furthermore it was fixed that this aim will be achieved with the cooperation of UNAIDS and the further UN organizations, and African organizations as New Partnership of Africa's Development (NEPAD), AIDS Watch Africa (AWA), and the Commission for HIV/AIDS and Governance in Africa (CHGA). In an explanation of the state and government heads will the announcement of the president of the United States of America, Georg W. Bush, to provide 15 billion US dollar to fight against HIV/AIDS ready.

World Bank

Originally, the World Bank had to finance the reconstruction for states devastated by the Second World War. After today's understanding the core task of the World Bank is to help less developed member states by financial, advice and technical assistance. At the same time, it promotes and therefore contributes to the putting into action of the international development goals.

The World Bank has ends the 90's a transnational AIDS fight program for Africa in the life called (multi-Country HIV/AIDS Program for Africa, MAP). The aim of the program is the quick, full-coverage extension on the prevention of HIV and the care and treatment of AIDS sick persons as well.

United States Agency for International Development (USAID)

USAID is an authority in the United States of America. It coordinates all the activities of the foreign policy in the area of cooperation in development. At the moment, the United States of America have been the greatest donator at economic aids. In 2003, it provided to the right organizations with US\$ 16,254 billion's in absolute numbers.

On the one hand, the USAID program in Ethiopia supports the improvement in the health care system. On the other hand, USAID tries to improve drastically the framework conditions in the educational system. Further main emphasis of the work is the support to the government at the fighting HIV/AIDS. Straight one in the health

service tries USAID to improve in co-operation with the Ethiopian government, the living conditions for numerous Ethiopian people. Thus for example in the reduction of the child number of deaths rate, as well as in the improvement of the immunization approximately were made for masers, polio and meningitis already considerable successes. In addition, the successful treatment of malnutrition, pneumonia, tuberculosis and malaria makes very good progress.

German Technical Cooperation (GTZ)

As a worldwide active federal enterprise of the international cooperation for a sustainable development, the German society supports the Federal Government for technical cooperation at the fulfillment of its aims concerning developmental policy. It offers future-oriented solutions for political, economic, ecological and social developments. In addition, the German Technical Cooperation promotes complex reforms and processes of change also under very difficult conditions. It is their aim to improve the conditions of life of the people lastingly. The main customer is the Federal Ministry of Economic Cooperation and Development (BMZ) of the Federal Republic of Germany. Furthermore, the society is an active helper for governments in other countries, or international customers like the European Commission, the United Nations or the World Bank.¹⁷⁵



The German house in Addis Ababa in Kazanches (gtz, DED, kfw bank.)

Ethiopia has received the main emphasis assistance and cooperation in development from the German government for more than 50 years. Jointly with different partners, the gtz runs an office in Addis Ababa since 1995. With more than 200 international

¹⁷⁵ Lt. GTZ – Jahresabschluss 2007

and national experts, gtz Ethiopia is the largest office of gtz worldwide. Among other things, the German cooperation in development with Ethiopia concentrates its efforts on the use of natural resources for diet safety reasons. The gtz supports the health promotion and quality assurance with respect to HIV/AIDS in laboratory. Also, at the distribution of condoms and at the establishment of home cares. In addition, the gtz supports international partners like the World Bank, the European Union and UNDP.

The construction of a narrow net, the so-called *health care centers* is a project which carries out the gtz in cooperation with the ministry of health. It is the professed primarily aim of setting up about 500 additional health centers in the rural area. This project is part of the health development project in Ethiopia, within the millennium goals of reaching 4 (Reduce child mortality), 5 (Improve maternal health) and 6 (Combat HIV/AIDS, malaria and other diseases). In the new medical centers both the ambulatory and the stationary supply are to be improved. For this also birth departments are to be furnished. A further positive side effect is that the building projects are built by small Ethiopia building firms. Further jobs in the regions are created by this measure.

German Development Service

The German voluntary service overseas (DED) is a charitable society set up in 1963. It is working in the area of the personnel cooperation in development of the Federal Republic of Germany. Shareholder is the Federal Republic of Germany to 95%. It offers professionally experienced qualified employees available for the cooperation on their programs and projects in developing countries, as well as in the state and private area. Its aim is promoting the work of development relevant organizations in developing countries with technical advice and the construction of local self-help groups. In addition, it organizes the assignment of German people involved in Foreign Aid Service of the United Nations (UNV) for volunteers. With all the tasks in the developing countries, the topic moves HIV/AIDS ever more into the center.¹⁷⁶

In the context of the Ethiopian Poverty Alleviation Program (PASDEP), among other issues, the DED commits itself in the HIV/AIDS prevention and fighting. DED, do not only to pass information or clearing up, but tries to let activating 'face to face' communication to reach changes in attitudes and behaves in people at all levels.

¹⁷⁶ According to www.ded.de

All people involved in foreign aid, shall be motivated and supported at their respective place to give a better understanding of the topic which tackles personally to as many people as possible. It allows to do better actions properly. Some actions take place like dramatizations on the issue, condom distribution, AIDS day competitions and much more.¹⁷⁷ A special action was carried out in the regions of Amhara, Tigray and Oromia, for example. Under the name 'Walls of Hope' far visible walls were set up at radial roads and at market places. They painted together with the rural population; messages created based on the tradition of Asmari literature. At the same time, these "messages into stone" are spread in the mass media very well, so, a comprehensive communication campaign has arisen. 'Embankment of Hope' was the text of one the first. Among their comments they stated: "It's a question of pride: For centuries we have defended our country successfully insistently against everybody. We will not allow that AIDS conquers us!"¹⁷⁸

- **International NGOs**

To accomplish the national goals of HIV/AIDS fighting in Ethiopia, it requires strong efforts. The prosperous industrial countries are demanded quite particularly. The role of the so-called nongovernmental organizations (NGO) is quite especially important. NGO's are non-state organizations that are not aligned with profit. NGO's are neither organized by state places nor of dependent of state places. Main sources of income of NGO's are primarily donations, the earnings from the sale of goods and services as well as state cares, besides the membership subscriptions.

In the following got tempted to introduce some organizations exemplarily, which play an important role in Ethiopia. The fields of activity of some organizations are regionally limited; in turn others try to cover a large part of the country by regional offices.

Child assistance in an emergency (Kindernothilfe)

The child assistance in an emergency was founded in Germany in 1959. It's primarily aim was to help needy Indian children. In the course of the years the organization "child assistance in an emergency" has grown to one of the greatest Christian child relief organizations in Europe. Today, the child assistance in emergency is helping

¹⁷⁷ German Development Service; 'AIDS work in practice' (2004)

¹⁷⁸ According to Ded Brief, Ethiopia, a spark hope" (2001)

around 566.000 girls and boys in 28 countries in Africa, Asia, Latin America and Eastern Europe.¹⁷⁹

The organization, jointly with Kale Heywet Church, supports around 500 orphans and needy children in Ethiopia with food, medical supply, clothes and school uniforms. The children receive psychological help to process the loss of their parents and their new situation of life. An important component of its work is the informing about the fatal HI-Virus to counteract the discrimination and stigmatization of children who have lost their parents by AIDS. Around 10.000 people take part in the trainings about the topic of HIV/AIDS doing HIV tests. By advice and information events, children learn to loose their inhibition and have, primarily, a better look among young people. In addition, often the children and adults pass their new learnt knowledge on to friends and acquaintances. The training by large-scale information campaigns are completed to the topic HIV/AIDS.

Another important field of duty of the *child assistance in emergency* is to inform to children and young adult about its rights. This action let the people on taking the defense against force and abuse. It is also important to enlighten family members, teachers and policemen about these issues. With their help and support, the child rights are taken to the consciousness over the population more strongly.

Global Fund for AIDS, Tuberculosis and malaria (GFATM)

The 'Global fund for AIDS, Tuberculosis and malaria (GFATM), ' is an international, independent public-private partnership. Its task is obtaining and managing resources on the fight against AIDS, tuberculosis and malaria. Since its establishment in the year 2002 by the G8-states, that created Global Fund an innovative model. The aim of the Fund is the program financing and connectedly the settlement of needs to soothe around the suffering and around lives with respect to prevention, treatment, care and support save. To reduce these epidemics further, it is necessary to increase the resource management for the fighting these three illnesses worldwide dadramatically. In addition, the Fund pursues a procuring policy which shall favor the purchase of a favorable, high-quality medicine and particularly the access to antiretroviral therapies.

¹⁷⁹ According to www.kindernothilfe.de; Verein und Stiftung für Kinder weltweit (09.2008)

People for People

A foundation founded by Karlheinz Böhm in Munich, which operates long-term aid projects (help for the self development) in ten regions of Ethiopia is called *people for people* (MfM). Since its foundation in 1981, around 317 million Euros were invested in project in Ethiopia.¹⁸⁰ The foundation variety of project is enormous. Thus for example, a great many projects are financed, which have the irrigation and the management from fields to the goal.

The abolition of the female genital mutilation and early marriage of girls nevertheless have been one of the most important goals of the relief in Ethiopia.¹⁸¹ For many years Karlheinz Böhm started a large-scale offensive with the "Safia campaign" against the genital mutilation of girls and women already at the end of 1998. At the beginning the public explanation of religious leaders was that Christianity is demanded woman circumcision neither in the Islam nor in which orthodox Ethiopian. Since the start of the campaign '*people for people*' has informed hundreds of thousands about FGM (female genital mutilation) in innumerable events and program activities. The participants are informed correspondingly in workshops, further educations for medical specialist staff and midwives in public discussions and stage productions at meetings of credit groups and school committees. Also former cutters of which became some too courageous fighters against a female genital mutilation are included in this work specifically. The success of these initiatives is surprisingly clear. In the first project areas in east Hararghe and the districts Fedis and Baile, were submitted at the beginning of almost all girls of the infibulations. Within only few years the organization people for people achieved, the complete abolishment of these genital mutilating. This practice is declined today according to an independent examination of 87% of the population in the project areas in Nordshoa in which the clitoris top is cut off for traditionally little girls.

German international hunger aid

The *German international hunger aid* is an independent, charitable non-state relief organization. The organization was created 1962, and formed the German section of the project, created by the Food and Agriculture Organization of the United Nations, "Freedom from hunger Campaign". Emphasis of the work is the protection of the nutrition, as well as the humanitarian assistance. Beyond that different projects for the

¹⁸⁰ Karlheinz Böhm; Nagaya Brief (2007)

¹⁸¹ People for People (02/2007); „Gegen Mädchenbeschneidung“

structure of the civil society and projects in the youth and health promotion are supported. Altogether since the establishment approximately 973 projects and 892 emergency aid programs in 48 countries with 1.8 billion Euros were financed.¹⁸²

Together with the partner organization ‚*Wabe Children’s Aid & Training*‘, the German international hunger aid fights for orphans, AIDS orphans and street urchins in Ethiopia. A so-called ‚*Drop-in-Center*‘, serves as the first contact point, for currently 100 children between 7 and 17 years old which is promoted by the project. Here they get homework aid, upgrading courses and the possibility for game and sports. Accompanying courses with healthy diet, everyday practical knowledge boils and arranges housekeeping. The prior-ranking aim of the project in Ethiopia is the support, trains and vocational training of the children who have the chance of a self-determined future. The children who do not have any parents are arranged into looking families in the municipality or to relative homes. ‚*Drop-in-Center*‘ imparts knowledge in the horticulture to the children and has a therapeutic effect through the cultivation of flowers, vegetables, medicinal herbs and fruit in the surroundings. The feelings of success and the feeling to be able to create something are important constituents for a self-determined life. The harvests serves as supply, surpluses can be used as an income source for the project next to the own one.¹⁸³

Chapter V: Recommendations

Within the first years after its discovery was the immunodeficiency just like other sexual topics in wide circles of the Ethiopian society an absolute taboo subject on which the deceitful coat of the silence was imposed. Face the shattering knowledge existing today there is, however, nobody now more about the spread of the illness who wanted to deny the seriousness of the situation.

There is no day on which the Ethiopian media do not talks about the dangers or introduce new initiatives for the fighting against HIV/AIDS. Innumerable big posters are attached visibly only in the capital Addis Ababa. International meeting follows one to another. Great sporting events, like the town marathon of Addis Ababa, religious celebrations and other social events are used to create awareness rising to the fatal problem. Regional conferences, parliamentary hearings and rounds of talks of relief organizations fill the appointment books of experts.

¹⁸² According to Welthungerhilfe „Tasks and aims“ (2008)

¹⁸³ ‚Äthiopien – A chance for AIDS orphans‘; Deutsche Welthungerhilfe (2008)

Politicians, representatives of the church, economy bosses, prominent athletes, musicians, TV stars, everyone beat alarm and switch themselves on the discussion which is great and seeming endless about the extent of the catastrophe and about the possibilities of its checking. And long it is clear all, that one may not leave the fight against HIV/AIDS to the national and international organizations alone. Each particular must engage itself in its private surrounding field. "Everything depends of us", the graduating class of a school declaims in the capital Addis Ababa. The participants, during an essay competition wrote in the English weekly paper *'The Sun'*:

"Everybody, I or you, he or she, this or those, all people must contribute their share in the world to fight HIV/AIDS!"

The knowledge of the general responsibility in principle is good and correct. But what is the exactly role that consciousness the particular or social institutions have to play?

Regarding to the answer to this question, there is extensively helplessness also in Ethiopia. Nationwide, there is a lack of administrative, personnel and financial resources to be able to make the lifesaving step of theoretical concepts to practical putting into action of programs. So far neither sufficiently trained personnel for clearing-up campaigns broadly put on still sufficient payable medicines for the treatment of infected one are available. The Ethiopian state whose budget provides even U.S. \$ 21million per annum only for the health sector, in which around 30.000 patients come onto trained doctor, is urgently dependent on external support.

Poverty has a close connection with the access to a sufficient and preventatively effective health care system. It blocks the admission in public and private education institutions. Moreover, the situation aggravates to people for the single reason of insufficient infrastructure in the public service. The impact on individuals culminates in the lack of education. In turn, accessible and proper education and health care are essential prerequisites for the generation of incomes to people, necessary to overcome this poverty. By the lack of these important resources, however, the scopes of action risky for survival strategies to choose which may be, the solution for people surviving every day and lastly to the authority's role.

The missing perception of endangering of one's own as well as a far common fatalism also plays an important role. Both perceptions contribute to spread the virus particularly in Ethiopia. Role understandings of the gender arisen culturally result in strongly different power relations between men and women in fear of stigmatization and force. This hinders the use of condoms, the execution of HIV tests or the trusting

communication of a positive test result in a variety of cases. Traditional practices like the FGM or marriage of little girls contribute to spread the infectious and diseases.

The new antiretroviral therapies wake hopes. Their effectiveness is hardly located also in Ethiopia in doubts. An HIV/AIDS infecting human, who get such medicines, live obviously longer. But an abundance of questions remains unanswered. The medicines are still very expensive, and must be taken a lifelong with large on-time departure performance. So far it seems inconceivably that all infected ones get these medicines. Who however is to then get it? Who decides over the dispatching and thus over life and death? How can the regular availability and the time-exact income be guaranteed in rural areas? Which resistances will be formed? Does the risk other one rise to infect, because one regards as healed? Will others infect themselves, because the deadly danger seems avoided?

It remains at least unclear for the time being, which emotional consequences in the short-term will have growing up into children in. We must assume, though, that many of the persons affected can process the experienced traumatic experiences only with great problems. This condition can lead vulnerability then increased again the delayed effect against HIV/AIDS.

Conclusions

Primarily, a central aspect got at the processing of this work in the limelight again and again: HIV/AIDS is anything but an ordinary infection illness. The syndrome is related with deeply social, cultural and economic factors, as well as with cognitive and psychological aspect. These factors are causing and influencing partially and totally over the Ethiopian society. What regarding these facts it becomes clear, that there cannot be a simple surgical interference for the solution of the predominating problem. The intervention will not be simple, but it can prevent all future infections reliably, and all threatening suffering turns away.

HIV/AIDS, its distribution and its consequences are multilayered thematic complexes and also must be fought for this reason at different levels and with different approaches. A structural change can by no means be the only road to success in the health service. Education can have a protective effect; education in itself however, does not rouse any man from his social reality, his faint, his fears or his traditions. Necessary investments must be put on place effectively, there, where the virus is spreading.

It is particularly important that the Ethiopian population can't be a passive addressee of aids and information campaigns in the fight against HIV/AIDS, but an important protagonist. The people must be able to protect by themselves from the fatal disease. They need awareness and knowledge about the illness, easily and free access to condoms, sterilized syringes. At the technical level, ARVs and reasonable AIDS tests available.

Far-reaching interventions must keep fighting against the basic reasons of the spreading of HIV/AIDS at all social, economic and political levels. The pandemic lives mainly within the poverty, gender inequalities, migration and war. Only by an improvement in the framework of social conditions; the people could get the possibility of setting a self-determined behavior against the social, economic and political determinants of HIV/AIDS.

Bibliography

➤ Books

1. **Adrian & Bridget Plass**, Licht im Herzen der Finsternis, World Vision (2005)
2. **AIDS in Ethiopia – sixth report**. Federal Ministry of Health and the national HIV/AIDS prevention and control office (September 2006).
3. **AIDS work in practice**. German volunteer service. Dr. Jürgen Wilhelm und Dr. Winfried Zacher
4. **Birthe Schmidt**. HIV infections in Africa south Sahara – does a continent die?
5. **Campell Andrew**, HIV und Aids – Fakten und Hintergründe, Verlag an der Ruhr (2004)
6. **Democratization process in Ethiopia**. Thorsten Doß, University Leipzig (1999)
7. **Drimie Scott, Tafesse Getahun and Frayne Bruce**. HIV/AIDS, Food and Nutrition Security
8. **German international hunger aid**. Ethiopia. www.welthungerhilfe.de
9. **Gronemeyer Reimer**, So stirbt man in Afrika an AIDS, Frankfurt (2006)
10. **HIV/AIDS Prevention and Control Office (HAPCO)**. Multisectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support in Ethiopia 2007 – 2010
11. **Humanitarian assistance and HIV/AIDS in Ethiopia**. Hofmann / Kothmiller / Schuller/ Thomann
12. **International Action by Churches Together**. Annual report 2006 – 2007.
13. **Mankell Henning**, Ich sterbe, aber die Erinnerung lebt, München (2003)
14. **Report on Progress towards implementation on the UN Declaration of Commitment on HIV/AIDS**. Federal HIV/AIDS Prevention and Control Office. (01/2008)
15. **Technical Document for the sixth report**. Federal ministry of health and the national HIV/AIDS prevention and control office (September 2006).
16. **The Africa Multi-Country AIDS Program 2000 – 2006**. Results of the World Bank's Response to a Development Crisis. The World Bank (2007)
17. **Wittmann Rüdiger**, Sozioökonomische Folgen von HIV/AIDS im südlichen Afrika (2006); Universität Köln

➤ Articles, monographers

18. **AIDS and gender in Sub-Sahara Africa**. Johanna A. Offe (Heinrich-Böll-Foundation) (2005)
19. **AIDS in the southern Africa**. Reimer Gronemeyer, Georgia A. Rakelmann and Matthias Rompel

20. **Armed Movements in Sudan, Chad, CAR, Somalia, Eritrea and Ethiopia.** Center for International Peace Operations, Berlin/Germany (2008)
21. **Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora.** Mesfin Samuel Mulatu, Helmut Kloos, Paul J. Converse and Damen Haile Mariam.
22. **Children of our world.** Humanity for Africa.
23. **Components to the self-help – support for through HIV/AIDS became an orphan and endangered children.** World vision (2007)
24. **Conflict situations at the horn of Africa.** Volker Matthies, Institute for political science of the University Hamburg, 2006
25. **Continuous corruption in developing countries requires global acting.** Transparency International. Prof. Dr. Graf Lambsdorff (September 2007)
26. **Development Cooperation Ireland.** Ethiopia Country Strategy Paper 2005 – 2007. www.dci.gov.ie
27. **Department of Community Health, Addis Ababa,** Factors Predisposing Out-of-School Youths to HIV/AIDS-related Risky Sexual Behaviour in Northwest Ethiopia (2007)
28. **Ethiopia.** Organization development policy of German not government organizations. November 2006
29. **Ethiopia: Experts fear strong rise that AIDS of deaths.** German foundation world population (05/2005)
30. **Framework concept of the psychosocial AIDS advisory boards in Bavaria.** Bavarian Department of State for health, nutrition and consumer protection. Munich 2002
31. **Gender and HIV/AIDS in Africa.** Britta Thege
32. **Gender, poverty and HIV/AIDS in the southern Africa.** Dr. Rita Schäfer, Albrecht Ludwig University Freiburg, Institute for people customer
33. **HIV/AIDS – an increasing threat for Ethiopia.** Gesa Kupfer und Klaus Pilgram, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ).
34. **HIV and AIDS prevention in enterprises in the southern Africa – motivation of operational social politics.** Rüdiger Wittmann
35. **In Addis Ababa young road mothers get a second chance (a life after the road).** Marie-José Müller
36. **Linking Migration, HIV/AIDS and Urban Food Security in Southern and Eastern Africa.** Jonathan Crush, Bruce Frayne and Miriam Grant. The regional Network on HIV/AIDS, Livelihoods and Food Security (RENEWAL)
37. **Mobile Populations and HIV/AIDS in East Africa.** Lyons Mark (2004)
38. **Possibilities of treatment with HIV/AIDS (stage A2) in the province Addis Ababa.** Swiss refugee assistance - Michael Kirschner, Corinne Troxler. Berne, 2005
39. **Promoting lasting development to Ethiopia.** Federal Ministry for economic co-operation (2005)
40. **Reducing stigma for Ethiopian children Orphaned to HIV/AIDS.** Meheret Endeshaw
41. **The forgotten peace mission at the border between Eritrea and Ethiopia.** Duesseldorf Institute for Foreign and Security Policy. www.dias-online.org

42. **The immune weakness AIDS endangers the progress in the third world.** German international hunger aid. Michael Ruffert and Uli Post
43. **The impact of HIV/AIDS on the schooling of female students in Addis Ababa.** International institute for Capacity Building in Africa.(2003)
44. **The reform process of the city Addis Ababa.** Gerhard Mai (GTZ) 2006
45. **Who is silent over sex, dies at sex. Obligation and responsibility of the church.** mission
46. **Youth refugees in Africa. Teaching materials for pupils.** The UN Refugee Agency.
47. **10 years ethnic federalism in Ethiopia.** Friedrich-Ebert-Foundation, Nadia von Bassewitz und Hartmut Heß

➤ **Newspapers, magazines**

48. **Nagaya letter (People for People).** Almaz and Karlheinz Boehm. 03/2006
49. **South German newspaper.** Heavy tensions between Ethiopia and Eritrea. 27th November 2007.
50. **Politics and current events.** The AIDS pandemic in Sub Sahara Africa. Sarah Tietze

➤ **Documents of United Nations**

51. **AIDS epidemic update.** UNAIDS and World Health Organization, December 2007
52. **AIDS epidemic update. Special report for HIV prevention, December 2005.** UNAIDS and World Health Organization
53. **Children and HIV/AIDS (UNITE FOR CHILDREN – UNITE AGAINST AIDS).** UNICEF Austria – www.Unicef.at
54. **Female genital mutilating.** UNICEF Austria – www.Unicef.at
55. **Gender and HIV/AIDS.** World Health Organization, Gender and Women's Health, Family and Community Health, Geneva (2004)
56. **HIV/AIDS, Tuberculosis and Malaria – The status and the impact of the three diseases.** The Global Fund to Fight AIDS, Tuberculosis and Malaria, (2005)
57. **Linking the National Poverty Reduction Strategy to the MDGs: a case study of Ethiopia.** United Nations Development Programme, (2005)
58. **Organization of African First Ladies against AIDS.** UNAIDS (2008)
59. **Peacekeeping measures of the United Nations.** United Nations information service. Vienna International Centre. May 2008
60. **Refugees in Africa – numbers and facts.** The UN Refuges Agency (June 2002)
61. **The Impact of AIDS.** United Nations, New York (2004)

➤ **Web sites**

62. www.aidsfocus.ch
63. www.cia.gov/library/publications/the-world-factbook/print/et.html The World Factbook – Ethiopia
64. www.etharc.org/Links/PLWHA.htm People Living With HIV/AIDS (PLWHA)
65. UNDP, <http://hdr.undp.org/en/reports/global/hdr2007-2008>, Human Development Report 2007/2008.
66. UNICEF, www.unicef.org
67. World Trade Organization www.wto.org/english/thewto_e/acc_e/a1_ethiopia_e.htm

➤ **Videos**

68. **Everyday life hero in Addis Ababa.** German international hunger aid (2002)
69. **Memory Books.** www.memorybooks-film.com; Christa Graf
70. **President Bush Discusses Trip to Africa at Leon H. Sullivan Foundation.** The White House – President George W. Bush.
www.whitehouse.gov/news/releases/2008/02/20080226.html

Appendix

United Nations

S/RES/1298 (2000)



Security Council

Distr.: General
17 May 2000

Resolution 1298 (2000)

**Adopted by the Security Council at its 4144th meeting, on
17 May 2000**

The Security Council,

Recalling its resolutions 1177 (1998) of 26 June 1998, 1226 (1999) of 29 January 1999, 1227 (1999) of 10 February 1999 and 1297 (2000) of 12 May 2000,

Recalling in particular its urging of all States to end all sales of arms and munitions to Eritrea and Ethiopia contained in its resolution 1227 (1999),

Deeply disturbed by the continuation of fighting between Eritrea and Ethiopia,

Deploing the loss of human life resulting from the fighting, and *strongly regretting* the negative impact the diversion of resources to the conflict continues to have on efforts to address the ongoing humanitarian food crisis in the region,

Stressing the need for both parties to achieve a peaceful resolution of the conflict,

Reaffirming the commitment of all Member States to the sovereignty, independence and territorial integrity of Eritrea and Ethiopia,

Expressing its strong support for the efforts of the Organization of African Unity (OAU) to achieve a peaceful resolution of the conflict,

Noting that the proximity talks held in Algiers from 29 April to 5 May 2000 and reported in the OAU Communiqué of 5 May 2000 (S/2000/394) were intended to assist the two parties to arrive at a final detailed peace implementation plan acceptable to each of them, which would lead to the peaceful resolution of the conflict,

Recalling the efforts of the Security Council, including through its Mission to the region, to achieve a peaceful resolution of the situation,

Convinced of the need for further and immediate diplomatic efforts,

Noting with concern that the fighting has serious humanitarian implications for the civilian population of the two States,

Stressing that the hostilities constitute an increasing threat to the stability, security and economic development of the subregion,

00-43711 (E)

Determining that the situation between Eritrea and Ethiopia constitutes a threat to regional peace and security,

Acting under Chapter VII of the Charter of the United Nations,

1. *Strongly condemns* the continued fighting between Eritrea and Ethiopia;
2. *Demands* that both parties immediately cease all military action and refrain from the further use of force;
3. *Demands further* that both parties withdraw their forces from military engagement and take no action that would aggravate tensions;
4. *Demands* the earliest possible reconvening, without preconditions, of substantive peace talks, under OAU auspices, on the basis of the Framework Agreement and the Modalities and of the work conducted by the OAU as recorded in its Communiqué issued by its current Chairman of 5 May 2000 (S/2000/394), which would conclude a peaceful definitive settlement of the conflict;
5. *Requests* that the current Chairman of the OAU consider dispatching urgently his Personal Envoy to the region to seek immediate cessation of hostilities and resumption of the peace talks;
6. *Decides* that all States shall prevent:
 - (a) the sale or supply to Eritrea and Ethiopia, by their nationals or from their territories, or using their flag vessels or aircraft, of arms and related *matériel* of all types, including weapons and ammunition, military vehicles and equipment, paramilitary equipment and spare parts for the aforementioned, whether or not originating in their territory;
 - (b) any provision to Eritrea and Ethiopia by their nationals or from their territories of technical assistance or training related to the provision, manufacture, maintenance or use of the items in (a) above;
7. *Decides also* that the measures imposed by paragraph 6 above shall not apply to supplies of non-lethal military equipment intended solely for humanitarian use, as approved in advance by the Committee established by paragraph 8 below;
8. *Decides* to establish, in accordance with rule 28 of its provisional rules of procedure, a Committee of the Security Council consisting of all the members of the Council, to undertake the following tasks and to report on its work to the Council with its observations and recommendations:
 - (a) to seek from all States further information regarding the action taken by them with a view to implementing effectively the measures imposed by paragraph 6 above, and thereafter to request from them whatever further information it may consider necessary;
 - (b) to consider information brought to its attention by States concerning violations of the measures imposed by paragraph 6 above and to recommend appropriate measures in response thereto;
 - (c) to make periodic reports to the Security Council on information submitted to it regarding alleged violations of the measures imposed by paragraph 6 above, identifying where possible persons or entities, including vessels and aircraft, reported to be engaged in such violations;

(d) to promulgate such guidelines as may be necessary to facilitate the implementation of the measures imposed by paragraph 6 above;

(e) to give consideration to, and decide upon, requests for the exceptions set out in paragraph 7 above;

(f) to examine the reports submitted pursuant to paragraphs 11 and 12 below;

9. *Calls upon* all States and all international and regional organizations to act strictly in conformity with this resolution, notwithstanding the existence of any rights granted or obligations conferred or imposed by any international agreement or of any contract entered into or any licence or permit granted prior to the entry into force of the measures imposed by paragraph 6 above;

10. *Requests* the Secretary-General to provide all necessary assistance to the Committee established by paragraph 8 above and to make the necessary arrangements in the Secretariat for this purpose;

11. *Requests* States to report in detail to the Secretary-General within 30 days of the date of adoption of this resolution on the specific steps they have taken to give effect to the measures imposed by paragraph 6 above;

12. *Requests* all States, relevant United Nations bodies and, as appropriate, other organizations and interested parties to report information on possible violations of the measures imposed by paragraph 6 above to the Committee established by paragraph 8 above;

13. *Requests* the Committee established by paragraph 8 above to make information it considers relevant publicly available through appropriate media, including through the improved use of information technology;

14. *Requests* the Governments of Eritrea and Ethiopia and other concerned parties to establish appropriate arrangements for the provision of humanitarian assistance and to endeavour to ensure that such assistance responds to local needs and is safely delivered to, and used by, its intended recipients;

15. *Requests* the Secretary-General to submit an initial report to the Council within 15 days of the date of adoption of this resolution on compliance with paragraphs 2, 3 and 4 above, and thereafter every 60 days after the date of adoption of this resolution on its implementation and on the humanitarian situation in Eritrea and Ethiopia;

16. *Decides* that the measures imposed by paragraph 6 above are established for twelve months and that, at the end of this period, the Council will decide whether the Governments of Eritrea and Ethiopia have complied with paragraphs 2, 3 and 4 above, and, accordingly, whether to extend these measures for a further period with the same conditions;

17. *Decides also* that the measures imposed by paragraph 6 above shall be terminated immediately if the Secretary-General reports that a peaceful definitive settlement of the conflict has been concluded;

18. *Decides* to remain seized of the matter.