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Grant Proposal Information

Project Name: Addis for HIV/AIDS Protection (AHAP)

Organization Name: Hannah Yonas

Project Director / Primary Contact (Student name): Hannah Yonas

Geographic location of project: Addis Ababa, Ethiopia

Project Duration (months): 36 months

Amount requested from Foundation: \$100,000

Summary Information

Project Purpose: Provide HIV/AIDS prevention awareness to 50,000 people and decrease incidence rates in the Ethiopian capital, Addis Ababa, within a three year period. HIV/AIDS is a lifelong disease that affects men, women, and children, and is the seventh leading cause of death in Ethiopia according to the CDC (CDC 2019).

Grant Proposal - Narrative

I. Background and Rationale

Ethiopia has been experiencing the HIV/AIDS epidemic for decades, and has in recent years greatly reduced the rate of HIV/AIDS infection. Many highly developed countries have gained control over this epidemic through education and awareness of HIV/AIDS transmission and safer sex practices, uprooting the stigma surrounding the disease, and providing systematic, structurally sound healthcare and HIV/AIDS medication. However, in countries like Ethiopia, there are cultural stigmas surrounding early marriage and childbearing, as well as a lack of access to education/healthcare/HIV awareness. Both urban and rural areas are impacted by this; however, the capital Addis Ababa is a hotspot given its high-risk, urban population. HIV/AIDS was the seventh leading cause of death in the country in 2018 (CDC 2019). Ethiopia needs to implement culturally relevant, community-based campaigns in its capital, Addis Ababa, to minimize its HIV/AIDS incidence rates given that in 2016, Addis Ababa had an estimated adult HIV prevalence rate of 3.4% compared to 0.9% in Ethiopia and 0.7% globally.

The purpose of my project—decreasing HIV incidence rates over a three year period—is desperately urgent. While the nation has made progress in decreasing the prevalence of HIV in its communities, technological advancement has made treatment and awareness a staple in high income countries. Addis Ababa is a bustling urban center, where a commercial work population and an overall larger population density are high risk factors for HIV. This project will work to contribute to a few of the Millennium Development Goals (MDG) and Sustainable Development Goals (SDG), including MDG 6 (Combat HIV/AIDS, malaria, and other diseases), MDG 4 (Reducing child mortality), MDG 5 (Improving maternal health), and SDG 3 (Good health and well-being).

HIV/AIDS is on a (general) decline in Ethiopia. With a high incidence reduction rate of 77% from 1990 to 2016 according to Amare Deribew et. al in “The Burden of HIV/AIDS in Ethiopia from 1990 to 2016: Evidence from the Global Burden of Diseases 2016 Study” (Deribew et. al 2019), there was still a prevalence rate of 1% in adults aged 15-49, with an overall 690,000 people living with HIV in 2018 (WHO 2019). According to UNAIDS,

63.08% of adults with HIV were women, with an infant early-diagnosis rate (exposed and tested before eight weeks of age) of 61% (UNAIDS 2020). These rates, while a seemingly small percentage of the population, are still far too dismal considering how advanced HIV prevention, diagnosis, and ART (antiretroviral therapy) technology are today. While HIV has affected thousands of men, women, and children, women experience lower rates of schooling, low awareness rates of HIV prevention methods, and high rates of domestic partner violence and early marriages, all of which are typical in many poor and recovering countries.

Additionally, HIV-prevalent regions vary across the country. Ethiopia generally also has a higher HIV-positive population and higher infection rates in urban areas, with generally lower rates in rural areas. This can be attributed to multiple factors; “[the] Gambella region is known for its lower coverage of male circumcision... Addis Ababa... [is] a home for high risk groups of population including commercial sex workers, long track drivers and military,” according to “Trends and spatial distributions of HIV prevalence in Ethiopia” (Kibret et. al 2019). Thus, there is evidence of a staggered HIV profile across the country as the impact of HIV awareness, outreach, cultural stigmas vary.

Ethiopia, like most other countries funded by international financial institutions (IMF, World Bank) has made strides towards development goals, particularly in the last two to three decades. Government planning, aid from international organizations and NGOs, and relief from other countries such as the U.S have contributed to this. Ethiopia’s 2011 Poverty Reduction Strategy Paper outlines a few goals and plans to meet global benchmarks, such as ensuring HIV-positive pregnant women medication to reduce mother-to-child transmission, improving awareness campaign strategies, and increasing access to medication. At the time of publication (base year 2009/10), most of these figures were far below Ministry of Health, HAPCO, and Regional Counterpart standards (Federal Democratic Republic of Ethiopia 2011). This does, however, show a general good-faith in Ethiopia’s efforts to curb HIV/AIDS rates, as shown in the declining trend of recent years after publication. The United States has invested \$3 billion dollars into HIV/AIDS relief in Ethiopia through the President’s Emergency Plan for AIDS Relief (PEPFAR), according to USAID (USAID 2020). The plan includes projects aimed at the efficiency of local HIV care, community-wide prevention programs, and

monitoring and reaching high-risk populations. The AIDS Healthcare Foundation has been investing in advocacy and healthcare outreach in Ethiopia:

“Generally, **AHF Ethiopia** provides free comprehensive HIV care services including Antiretroviral Therapy (ART), treatment of opportunistic infections, HIV Counseling and Testing (HCT), condom promotion and distribution, tuberculosis; STI diagnosis and management, care for HIV exposed infants and family focused care, integrated family planning services, provision of preventive care package, adolescent psychosocial support, adult adherence support, and nutritional support programs” (AHF Ethiopia 2019).

Other challenges still exist that make complete control of the HIV/AIDS epidemic extremely difficult for Ethiopia. Many socio-economic trends in poor countries hold true for Ethiopia. Women in both rural and urban communities are often subject to partner violence and a male-dominated household that restricts their access to resources and decision-making power. Women often do much of the agricultural work in rural communities. These factors influence the power women have over their bodies—and their ability to protect themselves against HIV. It can be assumed that people in urban areas most likely know more about HIV, and their HIV status. Ethiopia faces many economic and development issues that impact the effectiveness of HIV prevention methods; lack of stable healthcare in rural parts of the country, underdeveloped roadway systems for easy transportation, and the difficulties of getting children (particularly women) past primary school where they can take advantage of economic opportunities. HIV presents a trap. Many are living with it, many die from it, women do not leave their husbands if they contract HIV, and then it can be passed onto their children. Medication, and the distribution of medication, is expensive and requires a long commitment. The poverty trap of health is prevalent here, because ART medication is administered in rounds that may require the ill to travel or miss work, and relies generally on the will and funding of international organizations and charity that may lack cultural understanding of the stigma surrounding HIV.

II. Project Design and Implementation Plan

Efforts to curb HIV incidence exist in Ethiopia. However, there are some factors that cannot be targeted by an individual three-year project successfully. These include government infrastructure in healthcare, deep-rooted cultural stigmas, poverty, etc. However, projects that can find success may focus on awareness campaigns, condom distribution, and community education about the risks, and impacts, of HIV. These are all readily abundant in countries that are fully equipped to do so. The aim of my project is to complement efforts being made by AHF and PEPFAR, and adding the culturally relevant context of a coffee ceremony as similarly done in a study titled “Effectiveness of a culturally appropriate intervention to prevent intimate partner violence and HIV transmission among men, women, and couples in rural Ethiopia: Findings from a cluster-randomized controlled trial,” by Vandana Sharma et al. This study includes the participation of 64 villages, whereas I will be implementing a program in Addis Ababa alone.

The key to my project is community engagement. The coffee ceremony is one of the most timeless, important aspects of Ethiopian culture. Coffee is hand-brewed and served three times a day, and is a way for friends and family to connect, talk, and celebrate. Ethiopians never turn down an invitation to one’s home for a coffee ceremony; it connects generations. This type of ceremony will serve as the premise of the project, allowing for men and women to be involved as active participants. The first activity my plan requires is developing a course about the risk factors of HIV transmission through sex, its effects, the impacts on one’s life and the immune system, and the danger of mother-to-child transmission. I aim to train 25 community volunteers from Addis Ababa University, the country’s hub for bright young adults from all over the region, as “counselors” to run this course in Mercato, the largest and main business center in Addis where high-risk populations are prevalent. These counselors will offer the program to a group of 25 men and women, three times a day, while serving coffee and allowing for participants to engage with the material and each other. While Amharic is the national language of Ethiopia, the country has far too many local languages and dialects to assume that all Ethiopians are fluent in Amharic. Thus, I hope to gather a group of culturally

and regionally diverse counselors, with as many other languages (particularly Oromo, the language of the state of Oromia in central and southern Ethiopia) spoken as possible.

The second activity that will allow for my project to create tangible change is the implementation of HIV-testing and male condom distribution to the program. While these interventions may already be available in Addis Ababa, I believe that incorporating them into the coffee ceremony program will provide easier access. Participants will be offered condoms at the end of the counseling course, and given information on free local testing centers in Addis Ababa alongside public transportation options if necessary. HIV testing is expensive and may not be feasible for this project in the long-term, thus directing participants to where testing already exists is the most fiscally reasonable method to encourage HIV testing. AHF and the African Services Committee offer free testing and post-test counseling in Addis.

As Addis Ababa is a center for migration of high-risk populations (sex workers, drivers, and military service members, etc. as noted above) from rural areas that lack strong education and technical skills, the program will be targeted at these men and women. Coffee ceremonies are more revered and constant in rural areas, and Addis is becoming a more urban, diverse, and commercialized center. Life will look very different for rural migrants getting off the bus, and my goal is to give them a piece of home alongside some potentially life-saving information. The Addis Ababa metropolis has a population estimated at 4,793,699 (World Population Review 2020). Therefore, I hope to provide at least 50,000 people with HIV risk and awareness education in three years.

I believe that this program, while important, should be open to any person wishing to participate, taking the form of a voluntary program built off of previous studies done in this area. Sharma et al. tested this method in a randomized control trial, and found positive results: “all...interventions were associated with positive effects on a range of other outcomes, including HIV risk behaviors” (Sharma et. al 2020). Because this intervention has been tested in Ethiopia rather than in another cultural context, I believe that it will yield successful outcomes. My program will combine this study with parts of another study conducted by Esther Duflo et al. titled “HIV prevention among youth: A randomized controlled trial of voluntary counseling and testing for HIV and condom distribution in rural Kenya.” Duflo et al.

found that counseling and condom distribution alone are not very likely to be effective in reducing prevalence rates by themselves (Duflo et al. 2019)—which is why I will be pairing this method with an HIV awareness and prevention program to allow for easy access to condoms and testing centers.

The relevance of this study goes far beyond just educating a few people about the risks of HIV. Once people attend the program, they have the power to avoid risky sexual behavior for the rest of their lives, whether it be practicing safer sex or getting tested more regularly. This program will empower people to take control of their bodies and potentially share what they've learned with others that they engage in sexual activity with, and a domino effect, no matter the scale, is possible.

Appendices

Appendix A: (Abridged) Logical Framework

Goal	To contribute to the achievement primarily of MDG 6 - Combat HIV/AIDS, malaria and other diseases This intervention will also contribute to MDG 4 - Reducing child mortality MDG 5 - Improving maternal health SDG 3 - Good health and well-being
Purpose	Providing HIV/AIDS prevention awareness to 50,000 people and decreasing incidence rates in the Ethiopian capital, Addis Ababa, within a three year period. HIV/AIDS is a lifelong disease that affects men, women, and children; it is the seventh leading cause of death in Ethiopia (CDC 2019).
Outputs	1. Deliver a culturally impactful seminar and discussion on the risk factors and preventative measures of HIV to men and women in Addis Ababa 2. Provide tangible preventative care and HIV status information for men and women
Activities	1.1 Create a voluntary HIV risk awareness and prevention program directed towards men and women in Addis Ababa 1.2 Train 25 community members near Addis Ababa University as counselors to combine the program with a traditional coffee ceremony in Mercato. 2.1 Offer information on free HIV-testing in Addis Ababa and distribute male condoms

Appendix B: Citations

“AHF Ethiopia - HIV/AIDS Testing.” AIDS Healthcare Foundation, December 13, 2019. <https://www.aidshealth.org/global/ethiopia/>.

“CDC Global Health - Ethiopia.” Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, August 16, 2019. <https://www.cdc.gov/globalhealth/countries/ethiopia/default.htm>.

- Deribew, Amare, Sibhatu Biadgilign, Kebede Deribe, Tariku Dejene, Gizachew Assefa Tessema, Yohannes Adama Melaku, Yihune Lakew, et al. “The Burden of HIV/AIDS in Ethiopia from 1990 to 2016: Evidence from the Global Burden of Diseases 2016 Study,” January 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6341438/>.
- Duflo, Esther, Pascaline Dupas, Thomas Ginn, Grace Makana Barasa, Moses Baraza, Victor Pouliquen, and Vandana Sharma. “HIV Prevention among Youth: A Randomized Controlled Trial of Voluntary Counseling and Testing for HIV and Male Condom Distribution in Rural Kenya.” PloS one. Public Library of Science, July 30, 2019. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6667138/>.
- “Ethiopia.” HIV Country Profiles. World Health Organization. Accessed October 31, 2020. <https://cfs.hivci.org/country-factsheet.html>.
- “Ethiopia.” UNAIDS, March 24, 2020. <https://www.unaids.org/en/regionscountries/countries/ethiopia>.
- The Federal Democratic Republic of Ethiopia: Poverty Reduction Strategy Paper Growth and Transformation Plan 2010/11–2014/15 – Volume II* . International Monetary Fund, 2011.
- Kibret, Getiye D., Aster Ferede, Cheru T. Leshargie, Fasil Wagnew, Daniel B. Ketema, and Animut Alebel . “Trends and Spatial Distributions of HIV Prevalence in Ethiopia.” Infectious Diseases of Poverty. BioMed Central, October 17, 2019. <https://doi.org/10.1186/s40249-019-0594-9>.
- “President's Emergency Plan for AIDS Relief (PEPFAR): Ethiopia.” U.S. Agency for International Development (USAID), October 30, 2020. <https://www.usaid.gov/ethiopia/hivaids>.

Sharma, Vandana, Jessica Leight, Fabio Verani, Samuel Tewolde, and Negussie Deyessa.

“Effectiveness of a Culturally Appropriate Intervention to Prevent Intimate Partner Violence and HIV Transmission among Men, Women, and Couples in Rural Ethiopia: Findings from a Cluster-Randomized Controlled Trial.” PLOS Medicine. Public Library of Science, August 18, 2020. <https://journals.plos.org/plosmedicine/article?id=10.1371%2Fjournal.pmed.1003274>.