DEVELOPMENT AND MANAGEMENT OF THE AIDS CONTROL PROGRAMME IN ETIllOPIA

**Debrework Zewdie*, Getachew Gizaw **,
Lev Khodakevich***, Ginna Degifie, Monica Wemeue*****

Realizing the enormous implications of AIDS (acquired immuno-deficiency syndrome) in terms of human suffering, social effects, and costs for health services, the National Task Force on the Prevention and Control of HIV -infection and AIDS in Ethiopia was established, in 1985 -prior to the first laboratory diagnosis of HIV or reported AIDS case. The Government of the PDRE recognized the extraordinary dimensions of the threat of AIDS to the national health, and responded with full commitment and support from the onset of the Programme onward.

Initially, measures focused on the development of a National Policy on AIDS, specific operational guidelines, a situational analysis of the problem, and, an assessment of the existing capability to cope with the problem. In collaboration with experts from the Global Programme on AIDS (GP A), the Ethiopian Short Term and Medium Term Plans for the Prevention and Control of AIDS were developed in March and May of 1987, respectively. National strategy required the development of a strong and comprehensive National AIDS Prevention and Control Programme; the highest priority was given to national programme development.

PROGRAMME DEVELOPMENT

In September 1987, an office within the Ministry Of Health responsible for directing and coordinating the implementation of the AIDS Control Programme (ACP) was established, at a departmental level. This was followed by the implementation of the Short Term Plan (STP), and the first two-and-a half -years of the Medium Term Plan (MTP).

Implementation of the National AIDS Control Programme (NACP) is of the highest priority; not only does the NACP attack AIDS in Ethiopia but also contributes to global control.

Programme Objectives and Strategies The objectives of the NACP are to prevent HIV transmission and to reduce the morbidity and mortality associated with HIV-infection.

The National Task Force determined the most suitable way for programming and implementing AIDS control and prevention activities, by developing a framework that best suited Ethiopia's needs. Thirty-three strategies were outlined within the framework of the Divisions of the Department of AIDS Control, by method of implementation, by targets, and by progress indicators.

*Ministry of Health, Department of AIDS Control
**Ethiopian Red Cross Society
***World Health Organization

Briefly, the focus of strategies by Division is as follows:
Information, education and communication: transmit messages to the general population and high risk groups, establish links between the NACP and community leaders, NGOs, intergovernmental agencies and government offices, educate school children, develop optimal channels and content for communication; Surveillance and research -conduct sero-surveys in appropriate geographic

areas and assess the status of the epidemic, define priorities for research and enhance collaboration and coordination of research;

Clinical aspects of AIDS -conduct case finding and establish an accurate case reporting system, adapt WHO diagnostic criteria and strengthen clinical diagnostic skills of health workers, improve individual patient management and

optimal quality of life;
Laboratory and blood transfusion -strengthen laboratory and diagnostic facilities, assess blood transfusion activities and restrict the overall number of transfusions, provide effective HIV screening of blood and ensure safe, sterile injection and/or other skin piercing practices; STD control -promote the use of condoms and early effective treatment of other STDs.

ACP Development
PHASE I: December 1985 -August 1987, National Task Force

It was during the first phase of the Programme development that the following achievements were seen: development of the general policy on AIDS; .creation of a central information collection and distribution system; .establishment of an epidemiological surveillance system on HIV-infection and AIDS; .conduction of a National Seminar for health care workers; informational materials on AIDS were distributed to all hospitals, health centers and health stations in the country; .assessment of the existing situation on HIV infection and AIDS, to the extent to which existing resources and infrastructure could be used to support AIDS-related activities was made;
.development of the NACP as well as the STP and MTP.

[The MTP served (and serves) two very important purposes. It is a tool for the implementation of the national control programme, i.e., it identified what activities would be carried out, where and when, at what cost, and who was responsible].

PHASE II : September 1987 -December 1987 The following achievements were made during the second phase of the Programme development: .finalization of the organizational structure of the central coordinating office; development of a management system, responsibilities, and job descriptions or the various departments; .description of the terms of reference for the various committees were written; .identification of the means to achieve intersectorial collaboration; finalization of the plan of operation for the first year of the MTP , including all the materials required for the Programme, as well as the required budget.

PHASE III : June 1987 -July .98 Implementation of the Short Term Plan was carried out during the third phase of the Programme development. Activities described in the STP were implemented as follows:

.strengthening of the National AIDS Referral Laboratory;
.establishment of 5 blood screening laboratories in the 5 blood banks, respectively, Harrar Yirgalem, Jimma, Asmara, and Addis Ababa;
.development of the Information Education Communication (IEC) programme component;

.strengthening of the epidemiological surveillance system;
.development of preparatory ground-work for the determination of the magnitude of HIV-infection.

PHASE IV: April 1988 -March 1989 The implementation of the first year of the Medium Term Plan was carried out during the fourth phase of the Programme development. It is to be recalled that phase four, implementation of the MTP, was scheduled to begin in January 1988; due to various logistical problems in pledging for funding and associated administrative formalities, the MTP implementation began in April 1988 with the required budget made available only in August 1988. However, the majority of the activities planned for the first year of the MTP were implemented, and the highlighted achievements were as follows:
.determination of the magnitude of HIV infection;
.development of HLMPC;
.expansion of the sentinel surveillance;
.strengthening of audiovisual centers;
.organization of the condom acceptability study;
.establishment of a computer unit;
.conduction of a KABP (Knowledge, Attitudes, Behaviour, Practices) study;
.organization of meetings with NGOs and UN families;
.establishment of the clinical diagnostic criteria;
.development of a regular reporting system;
.production and distribution of educational materials;
.organization of the case referral system and passive epidemiological surveillance system;
.establishment of 13 blood screening laboratories;
.organization of the counselling system for HIV -infected persons and AIDS patients and their families;
.conducting a National Training Seminar On AIDS;
.organization of Regional Seminars and Workshops;
.formation of a national Technical Advisory Committee.
[The formation of the Technical Advisory Committee (TAC) was a crucial step in the development of the NACP .It was a significant expression of the national will to confront the complex problems associated with HIV infection. T AC provided a mechanism for further development of the NACP covering all activities required to control AIDS . TAC was constituted as an advisory body to the Department of AIDS Control. It has dealt with all aspects of Programme development and implementation, including legal ethical, managerial, financial and technical issues].

PHASE V: April 1989 -March 1990 Implementation of the 2nd-year of the MTP was carried out during the fifth phase; the following Programme achievements were realized:
.review of the National AIDS Control Programme; .conducted a National AIDS Conference;
.determination of the progression of HIV infection;
.organization of post sero-survey counselling;
.realization of the condom acceptability study;
.development of a condom procurement, storage and distribution systemo.
.conducted a National Training Seminar on AIDS;
. mobilized the regional PHC Committee for implementation of AIDS in the regions;
.implemented decentralization of the AIDS control activities;

.trained health workers on AIDS diagnosis, surveillance and on psycho -social support;
.developed and distributed educational materials in different languages;
. intensified IEC management and activities;
.finalized the AIDS/STDs School Health Education Pilot Project;
.strengthened the case referral system and passive surveillance;
.established blood screening laboratories in all regional hospitals and quick tests in some district hospitals;
.implemented the 1st phase of the STD control programme;
. supported the organization of the OSSA
(Organization of Social Services for AIDS);
.drafted Condom Promotion/MPSC Pilot Project Guidelines [The Review Team which worked in May 1989 concluded that in a relatively short period of its existence, the Programme has made commendable progress. However, the Team noted, inter alia, that the Programme was centrally planned and managed, and recommended to decentralize the Programme activities to the peripheral establishment and to integrate with relevant departments of the Ministry of Health. These recommendations were considered as the leading strategy in planning the activities for this phase of the Programme implementation.

PHASE VI : April 1990 -March 1991

During the first 4 months of the third year of the MTP, the following Programme achievements have been realized:
.carried out a Pilot Project on Social Mobilization of MPSC Females in Nazareth;
.supported a training seminar for Traditional Birth Attendants (TBAs);
.facilitated die activities of PSI (population Services International);
.supported 17 regional seminars in die framework of decentralization;
.provided a vehicle for 26 RHDs to facilitate
.IEC and other AIDS activities;
.expanded HIV testing facilities currently to 25total;
.organized a resource mobilization meeting in view of soliciting Donors' support for die 1991 Programme year;
.initiated die third round of sero-surveys in towns;
.assisted CRDA wide administrative planning and IEC for die collaborative workshop "Developing Community Strategies For AIDS Prevention and Control" ;
.supported die WHO/AFRO Health Promotion intercountry workshop on "Curriculum Development for HIV AIDS Education in schools".

PROGRAMME MANAGEMENT

The Department of AIDS Control (DAC) was established within die Ministry of health (MOB), with six operational divisions:
.Information, Education, and Communication (IEC)
.Surveillance and Research
.Clinical Aspects of AIDS
.Laboratory , Blood Transfusion and Sterilization
.Sexually Transmitted Diseases (Sill)
.Administration The principal functions of die DAC are to: mobilize internal and external resources, collaborate with international agencies, coordinate implementation of die Programme

components wide various departments of die MOH, Regional Healdi Departments, as well as concerned international agencies, NGOs, and inter governmental agencies.

The DAC is assisted by die Technical Advisory Committee (T AC) which has seven sub-committees, each concentrating on a specific technical area:
.Laboratory and Blood Bank
.AIDS Clinical Diagnosis and Management
.Counselling
.Health Education
.Sexually Transmitted Diseases Control
.Sterilization and Disinfection
.Maternal and Child Health

The chairperson from each of the respective sub-committees form the TAC. Membership (52 professionals) of these committees was identified representing various government and mass organizations. Each committee has their respective terms of reference.

In the fight against AIDS the active participation of various government and massorganizations as well as inter-governmental agencies and NGOs, was solicited. Intersectoral collaboration has been achieved through Liaison Officers and Communicators identified who actively participate in control and prevention activities. Periodic communications and meetings (conferences) with all national ministries, mass organizations, and NGOs has facilitated expansion of intersectoral collaboration. Using an integrated approach has afforded smooth implementation of IEC, sero-survey, risk group mobilization, research, and numerous regional activities. The DAC continues to make every effort to strengthen intersectoral collaboration in conjunction with the strategies of primary health care.

In May 1989, a review team evaluated the AIDS Control Programme (ACP) activities carried out during the first operational year of the Medium Term Plan. It was noted that the DAC had achieved numerous strategies planned for the first year and made notable progress, in the short period of existence in the development of intersectoral collaboration and programme planning. The team recommended to develop a well organized decentralized management system, which would allow and promote efficient AIDS activities implementation and enhance wider participation. The Programme would become an integrated part of Primary Health Care (PHC), and operate through the existing health infrastructure. Decentralization of the Programme became one of the leading priorities for implementation during the second year of the MTP, and continues as a priority of implementation through the structure of the Regional Health Departments (RHDs).

DEPARTMENT OF AIDS CONTROL FUNCTION

The Department of AIDS Control, DAC (figure 1) has an overall responsibility of coordinating the implementation of the AIDS Control Programme (ACP) in Ethiopia. DAC sees to the proper integration of the Programme into the existing health service structures, and encourages maximum intersectoral collaboration through the creation of mechanisms that support and favor such participation.

The specific functions of DAC are as follows: develop an annual plan of operation for

each Programme component; direct implementation of the planned activities; identify areas of collaboration within governmental, non-governmental and mass organization; develop and distribute educational materials; coordinate and support research activities related to HIV-infection and AIDS, based on advisory directives of the T AC; organize seminars, workshops, and short courses for Health Care Workers and others at the national level and support the organization of similar trainings at regional and district levels; create and maintain a functionally smooth case management, epidemiological surveillance, and other working systems; conduct active epidemiological surveillance activities utilizing professional technical personnel from various government bodies; develop and sustain a system for information collection, compilation and interpretation of
pertinent data; prepare an annual budget and account for proper utilization and organization of a proper budget ary and financial accounting system; procure, arrange proper storage and distribute materials, supplies and equipment for the expansion and maintenance of the ACP; prepare and distribute quarterly and annual reports on a timely basis;

serve as secretariat for the Technical Advisory Committee and respective Sub-committees; support regional ACP operational plans in view of technical guidance and other identified resources; coordinate and monitor implementation of the ACP activities at the health service units; plan, facilitate and support the systematic expansion of diagnostic and HIV screening laboratories.

ORGANZATION

The ACP coordinating office is an organized body within the Ministry of Health, at a departmental level. The office is directly responsible to the Vice Minister of Health.

Within the Department of AIDS Control {DAC), there are six main Divisions managing the Programme components. Seven Sub-committees associated with the various aspects of the ACP are comprised of professionals from the university, ministries and mass organizations.

The Chairperson of the respective Sub-committee plus 4 additional professionals, representing II distinct disciplines from medicine, biomedicine and behavioural sciences,
comprise the Technical Advisory Committee. T AC and the Sub-committees' secretariat are from the DAC. The Sub-committees are directly responsible to T AC; T AC is directly responsible to the Vice Minister of Health.

The TAC and respective Sub-committees have their specific Terms of Reference. Three GP A (Global Programme on AIDS) experts, a medical epidemiologist the WHO Team Leader, Technical officer, and IEC officer, have been assigned to provide technical and advisory assistance.

DIVISIONAL RESPONSIBILITIES

1. EPIDEMIOLOGY AND RESEARCH

The responsibilities of this Division are to: organize and coordinate epidemiological surveillance activities; develop protocols for serosurveys, operational studies, and carry out the studies; coordinate implementation of all research activities; monitor the progression of HIV infection through interval serosurveys; collect, compile, and interpret pertinent epidemiological data;

prepare and distribute reports in a timely fashion according to plan; organize seminars and workshops on pertinent subjects for Health Care Workers and others.

2. CLINICAL DIAGNOSIS AND MANAGEMENT

Divisional responsibilities are to: develop an organization of patient care, referral and a passive epidemiological surveillance system; organize and develop a strong counselling services system for healthy carriers, AIDS patients, and their families; support and coordinate clinical research; organize seminars and workshops on clinical case management and counselling for Health Care Workers; plan and coordinate material and financial support needs, by the health care units, for proper management of people with AIDS; organize and monitor psychosocial support for victims of HIV-infection and their families; coordinate distribution and proper utilization of condoms; prepare reports in a timely fashion according to plan.

3. INFORMA1JON, EDUCA1JON, AND COMMUNlCA1JON (IEC)

The IEC Division is responsible to: develop and distribute educational materials; coordinate IEC activities at different levels; develop an effective mechanism enhancing sectoral collaboration for the sustained implementation of IEC activities; organize and coordinate smooth dissemination of AIDS educational information through mass media; plan and coordinate research activities related to IEC activities; collect pertinent IEC information on a systematic basis, and compile for interpretation; prepare and submit reports to the appropriate body in a timely fashion according to plan.

4. LABORATORY SUPPORT AND BLOOD TRANSFUSION

Divisional responsibilities are to: plan and coordinate the establishment and expansion of diagnostic and HIV screening laboratories at various levels of health services; improve sterilization and disinfection status in health service units; plan procurement, proper storage and distribution of laboratory equipment, reagents and other supplies; coordinate implementation of activities directed towards the establishment and development of HIV diagnostic and screening laboratories and the improvement of sterilization statutes; plan and coordinate research activities related to the improvement of the sterilization situation, laboratory establishment, and safe blood transfusion system; organize an HIV -free blood transfusion system in collaboration with the Ethiopian Red Cross Society; collect information on related subjects on a systematic basis, compile and interpret; prepare reports on the development of the programme in a timely fashion, and submit to the appropriate body.

5. STD CON1ROL

The STD Division is responsible to: coordinate and monitor programme implementation; plan and organize expansion of the STD control programme; integrate in a systematic and proper fashion the STD control programme into the existing health service structure; plan the procurement, proper storage and distribution of supplies needed for strengthening and maintenance of the programme; organize seminars and workshops on pertinent subjects for Health Care Workers; create a system for systematic collection, compilation, and epidemiological interpretation of pertinent data; prepare reports on the programme development in a timely fashion and submit to the appropriate body.

6. ADMINISTRATION

The Divisional responsibilities include: procurement, proper storage and distribution of supplies needed for the Programme in support of the bodies engaged in Programme implementation; establishment of a smooth functioning financial accounting system; personnel administration; sustaining timely, adequate financial and logistical support for the divisions engaged in the ACP implementation; monitoring the proper and timely utilization of the assigned budget; preparing timely reports according to the arranged plan, and submit to the appropriate body.

CENTRAL AIDS REFERRAL LABORATORY

The National/AIDS Referral laboratory is located at the National Research Institute of Health (NRIH). The laboratory is technically directed and managed by the NRIH staff.
Administratively, the laboratory is responsible to the DAC.

The AIDS Referral laboratory is technically responsible for the organization and establishment of diagnostic and HIV screening laboratories at different levels of health services.

Training of the laboratory personnel, and assurance of quality control of the laboratories are also the mandate of the AIDS Referral Laboratory .

The Laboratory is actively participating in all research and active epidemiological surveillance surveys, in the screening and confirmatory tests of biological specimens. The laboratory analysis of all suspected AIDS cases and HIV- infections from Addis Ababa hospitals, and the confirmatory tests from all centers in the country , is completed at the National AIDS Referral Laboratory.

MANAGEMENT

Budgetary

The AIDS Control Programme budget is divided into three categories, depending upon the source and nature of the support:
1) Multilateral -Global Programme On AIDS (GPA)
2) Bilateral
3) Government.

The Multilateral (GPA) budget is comprised of specified and unspecified funds, and is supported by an ili1prest account which is jointly run by the GPA Team Leader, GPA Technical Officer, and the WHO Chief of Mission. The bilateral budget and GPA special fund for research are designate in a special government account (MOH WHO FUNDS FOR AIDS CONTROL AND PREVENTION); the account is operated jointly by the Programme Manager, Deputy Programme Manager, and Programme Administrator. The accounting procedure for the above mentioned accounts is in accordance with the WHO accounting procedure.

The Government budget is managed according to the Ministry of Finance accounting procedure, and covers the salaries of all national staff, an annual supportive budget, as well as other resources -provision of offices, utilities, and some local travel. The AIDS Control Programme is horizontally integrated into the overall health infrastructure.

Sectoral collaboration within the Ministry of Health
The Department of AIDS Control actively pursues horizontal interaction with other departments within the Ministry of Health. This promotes the integration of the ACP into the working schedules of other Programmes.

Intersectoral collaboration
Various other government, religious and mass organizations have meaningful contributions to assist in the implementation of the ACP. The DAC is constantly identifying the potentialities existing within different organizations that will facilitate and complement collaborative efforts.

To this end, DAC has conducted a series of discussion with numerous organizations and identified 54 liaison officers in each collaborating center. Liaison officers have assisted in motivating their respective organization's active involvement in the implementation of planned activities, utilizing 115 communicators.

DECENTRALIZATION
General guidelines on the decentralization of the AIDS Control Programme were developed in 1989. With this in mind, a national training seminar was conducted earlier this year having the following objectives : mobilizing the, Regional PHC Committees for implementation of AIDS in the Regions to apply the PHC strategy in the Ethiopian context; decentralization of the AIDS control activities -management of the AIDS Programme and a system of decentralization within the District health development network; training of health workers on AIDS diagnosis, surveillance, and on psychosocial support.

Thus, following the agreed priority to decentralize the Programme to the Regions and Districts, implementation of the decentralization strategy began in the first quarter of 1990. Appropriate supporting/supervisory roles were identified, and currently functioning, as follows: Regional Health Manager -mobilize the PHC committee members to actively support AIDS Control activities; plan, implement, monitor and evaluate the regional ACP activities; develop and incorporate the AIDS Programme into PHC activities in the region; request funding and other resource support with a clearly prepared plan for AIDS programme implementation, submit monthly, quarterly, and annual reports to the DAC -including frequent reporting of AIDS cases. RHD/Health Service Division Head - integrate AIDS case surveillance/management activities with MCH/FP and other activities; support hospital and district ACP activities; establish and coordinate HIV screening laboratories at blood banks in the hospitals; arrange for obligatory screening of sera from blood donors; arrange for uninterrupted supply of necessary laboratory equipment, reagents, chemicals, etc., from the DAC; conduct supervisory visits and discuss AIDS diagnosis management, reporting by the hospitals, health centers and health stations in the areas of jurisdiction; report to the Regional Health Manager, the monthly, quarterly and annual activities accomplished. RHD/Health (are Programming Division Head -conduct various AIDS training activities in the Region; coordinate IEC activities with regional and district health staff, as well as peoples ' organizations and other concerned bodies; participate in designing, developing, and pretesting Health Education materials at regional and central levels; identify population target groups, channels of communication and institutional networks; arrange for sustained supply of health education materials; participate in the coordination of AIDS -related research; support DAC

in AIDS -related surveys and assessment of the current status and progression of the AIDS epidemic in the Region; monitor and evaluate IEC programme activities carried out on both regional and district levels; report to the regional manager the monthly, quarterly, and annual AIDS activities accomplished.

District Health Staff (Team)
The Awraja Health Manager (or designated senior health care professional) must plan, implement, monitor and evaluate the district ACP, as well as participate in the work of the district PHC Committee and encourage the Committees' involvement in implementation of the Programme.

The Awraja Health Manager should arrange AIDS related training and other AIDS activities for all health workers and other relevant people in the Awraja.

The Health Center and Health station staff in cooperation with the Awraja Health Manager shall incorporate the AIDS Control activities with the existing health programmes in their respective areas. Nurse Educators or Counsellors provide counselling for HIV carriers/AIDS patients and their families, as well as encourage home care for AIDS patients.

Nurse Educators/ Counsellors conduct and participate in AIDS health education activities for: risk groups, school children, mass organizations, health workers, etc.; plan review and coordinate AIDS programme activities in the District through Awraja Health Team meetings; during supervisory visits, discuss with Health Station Staff/Health Assistants about AIDS activities; provide refresher training and support the Community Health Workers and Traditional Birth Attendants, so that they can perform IEC activities in urban and farmers' associations.

Following the NatioJ1al Training Seminar objective: "decentralization of the AIDS control activities -management of the AIDS Programme and a system of decentralization within the district health development network", 70% of the Regions submitted their respective initial plan of action to the DAC and were approved for funding. Within the last month, eleven (II) Regions have submitted their second plan of action to the DAC for review and funding; one additional Region submitted their initial plan of action and was funded. In summary , 72% of the Regions have received funding from the DAC to conduct AIDS control and prevention activities, based on their respective detailed plans of operation and supporting budget.

26 Regions have received a vehicle as well as other material and resource support to carry-out and sustain AIDS programme activities. In the first six-months following the initial implementation of decentralization of the ACP, the active response and follow-up of this recognized priority has been overwhelming and successfully so.

ACP Development: Immediate
Future During the first development phases the NACP has developed and improved its policies and capacities for controlling the HIV- infection. Recognizing, however, that AIDS will increasingly impose social and economic implications in communities and personal lives, throughout the third year of the MTP and beyond, the increasingly important aspects of prevention and control identified for implementation are as follows:
.expansion of public information and education, through electronic and print media, mass

organization publications, community resources, and incorporation of AIDS education into the school curriculum country-wide;
.condom social marketing initiatives beyond specific high risk communities;
.continued strengthening of the blood transfusion system;
.generation of a country-wide social commitment for AIDS-free health;
.reducing the impact of HIV infection and providing help for those already infected, by supporting the unification of the national effort of OSSA (Organization Social Services for AIDS);
.promoting the safe use and re-use of skin-piercing instruments;
.prevention of perinatal transmission through HIV-infected women -informing both men and women about the consequences of HIV infection in relation to pregnancy and birth;
.facilitating the development of coordinated research, and establishing mechanisms for scientific collaboration;
.expanding surveillance, the assessment and forecasting of trends and impact;
.strengthening current efforts to integrate AIDS activities with other PHC initiatives to make maximum use of available resources and expertise;
.assure adequate resources are mobilized through on-site Donor meetings;
.intensifying inter-sectoral collaboration specifically in AIDS information, education and communication;
.strengthening occupational health services for groups at risk;
.maximizing complementary strengths of NGOs, intergovernmental agencies, and Governmental Offices with their growing involvement in AIDS programmes.

SUMMING-UP

There are many conclusions that can be drawn after two-and-a-half years of implementing the MTP .To recapitulate briefly, the National AIDS Control Programme has generated enormous political commitment and taken many steps moving towards effective prevention. Decentralizing AIDS activities, strengthening inter-sectoral collaboration, and promoting the special role of NGOs and intergovernmental agencies in confronting AIDS has been and will continue to be vital in building the positive reach of the ~ACP : people positive the AIDS awareness message is right and important enough to act upon.

It is evident that AIDS is preventable. In Ethiopia, the next decade and beyond will be the telling years of the effectiveness of the NACP. With emerging strategies for the future and coordinated management (Governmental. intergovernmental. and NGOs) AIDS will not be insurmountable.

Although we are in the exponential phase of the AIDS epidemic, the Ministry of Health Department of AIDS Control in collaboration with all participating parties optimistically work together so that the future of Ethiopians' health is not dominated by AIDS.