Endalamaw *et al.*
Health Research Policy and Systems (2025) 23:64
https://doi.org/10.1186/s12961-025-01292-1

Health Research Policy and Systems

RESEARCH

Open Access

To what extent is equity entrenched in HIV/AIDS-related policy documents in Ethiopia? A policy content analysis

Aklilu Endalamaw[1,2*], Charles F. Gilks[1] and Yibeltal Assefa[1]

Abstract

Introduction It is important to assess the extent of mentions of equity in policy and strategic documents for several reasons. First, it helps us understand the root causes of inequities, revealing both failures and successes. Second, it shows the readiness of stakeholders and leaders to take actions towards equity. Third, it identifies areas of improvement to plan strategies towards equity. The objective of this study was to assess the degree to which equity is incorporated in human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS)-related policy documents in Ethiopia.

Methods A policy content analysis was conducted on the basis of Marmot's social determinants of health framework. We have included policies, strategic plans, guidelines and reports on the basis of relevance to HIV/AIDS, timeliness and availability to the public. The search for documents took place between 1 March 2023 and 1 May 2023. The included documents in the content analysis were published between 1998 and 2022. These documents were accessed from Google, the Joint United Nations Programmes for HIV/AIDS, the WHO, the World Bank, the Ethiopian Federal Ministry of Health and the International Institute for Primary Health Care-Ethiopia websites. These documents were evaluated for mentioning equity in broader view or in relation to social categories (residence, occupation/employment, religion, sex/gender, ethnicity, education, income, region, age and multiple disadvantaged groups) and structural dimensions or health systems building blocks, such as health leadership and governance, workforce, financing, medical products and technologies and information systems. A Bardache's eightfold policy analysis guided the content analysis and synthesis of findings.

Results A total of 26 documents were reviewed and analysed. Mentions of equity in policy documents increased over time, but the level of mention varied among national plans, treatment guidelines and reports. Over time, the mentioning of equity increased in strategic plans and guidelines, while it decreased in reports. In the same documents, there seems to be a shift from equality to equity because mentions of (in)equity increased from 149 between 2011 and 2015 to 328 between 2016 and 2022, while (in)equality mentions declined from 117 to 53 during the same period. Equity was mentioned in relation to health system functions and/or social classes. Gender (in)equity was the most frequently mentioned issue, while (in)equity related to multiple disadvantaged groups, religion, employment status and social capital was less frequently mentioned. (In)equity is deeply embedded in health system governance, but it is least integrated into the health information system.

*Correspondence:
Aklilu Endalamaw
yaklilu12@gmail.com
Full list of author information is available at the end of the article

Conclusions The mentioning and consideration of (in)equity in policy and strategic documents have increased over time, but not consistently or comprehensively. Growing emphasis has been placed on equity rather than equality. The shift from equality to equity in HIV/AIDS policy documents reflects a more nuanced understanding of the diverse needs of individuals and groups. More attention is given to gender issues and health system governance than to other dimensions of equity. It is vital that policy-makers revise their HIV/AIDS-related policy documents to promote health equity for all social strata, particularly among multiple disadvantaged groups. Health information systems should be designed in such a way that they generate and manage information to assess the extent of (in) equity and the progress towards equity in HIV/AIDS services.

Keywords HIV/AIDS, Equity, Equality, Health policy, Ethiopia

Introduction

Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) remains a public health agenda for the world. The worldwide dissemination of HIV peaked in the late 1990s [1]. Before and since then, various efforts have been made to combat this virus. In 1996, the Joint United Nations Programme for HIV/AIDS (UNAIDS) was established with the aim of strengthening United Nations (UN) member states in responding to AIDS and supporting nations in need [2]. The Millennium Development Goals marked another era during which the world strived to reverse HIV incidence from the 2000 baseline by 2015 and achieve universal access to treatment for HIV/AIDS for those who need it, although these goals were not fully achieved as planned [3]. This provoked the UN to learn from past failures, and it proposed a new target aimed at "ending the global threat of AIDS" in Goal 3 of the Sustainable Development Goals. This involves reducing HIV incidence from 2.7 million in 2010 to 200,000 by the end of 2030 [4]. This goal is planned to be achieved through universal health coverage (UHC), which entails prevention, promotion, rehabilitation and palliative services, including HIV/AIDS services, for all people in need, without leading to financial catastrophe [5]. The main emphasis has been on reaching those who have been left behind, with the aim of achieving health equity.

Health equity is identified as an important concept in policies and strategies. Equity in HIV/AIDS service provision denotes the fair allocation of resources, opportunities and care to all individuals in need by acknowledging social determinants of health such as income, education, gender, age, disability and cultural or legal factors [6]. Equity is a public health concept that is an integral part of UHC and one of the expected outcomes of health systems [7, 8], as well as one of the dimensions of quality in healthcare [9]. Furthermore, UNAIDS has established a 5-year (2021–2025) strategic plan to address the gaps in the fight against HIV/AIDS [10]. This strategy sets forth evidence-based actions and promotes a leadership role in the global HIV response. Policy and strategy as well as reporting are crucial for ensuring equity [11–13]. Health policies aiming at reducing disparities in healthcare provision incorporate equity in their priority strategies [14] and enhance the health status of the population [15–17]. Sectors formulated health policy as a guide or a plan [18] by considering the country's political and social contexts, which were committed to in guidelines and reflected in reports [19, 20]. There has been a heightened interest in health policy-making and implementation over time owing to technological advancement, population growth, emerging and recurring epidemics, changing burden of diseases and global interdependency [21–23]. Society's interest and a continuing issue of human rights can also facilitate the iterative equity-oriented health policy process [16].

Health policy analysis is necessary to identify past failures and set strategies [24] as well as to see the extent to which equity is entrenched and operationalized in documents [23, 25]. The same can be said about HIV/AIDS care and treatment policies [26, 27]. Furthermore, the way (in)equity is defined, measured and reported in health-policy-related documents influences national and subnational implementation against inequities [28]. Health policy analysis regarding mentions of equity can be conducted for different purposes [29], including examining it in relation to social determinants (for example, race and ethnicity) [30, 31] and the extent of mentions of equity [32].

Despite its various purposes, health policy analysis towards equity was not conducted in Ethiopia, according to our literature search. This country has experienced disparities in HIV/AIDS services. For instance, behavioural intervention outcomes varied across social classes. Urban residents, individuals with higher education and those with higher income levels tend to have better knowledge of HIV/AIDS and more accepting attitudes towards people living with HIV compared with their counterparts in Ethiopia [33, 34]. There was also a pro-rich bias in HIV testing coverage in this country [35]. More than 600 000 people are living with HIV in Ethiopia, which aims to reduce new HIV infections and AIDS mortality to less

than 1 per 10 000 in the population [36]. To achieve this goal, it has endorsed strategic and operational policies, including the 2021 AIDS-free strategy [36].

Evaluating policy documents to understand how they address equity is necessary. Language serves as a powerful tool for social influence [37]. In this context, mentioning equity in HIV/AIDS policy documents may contribute to improving HIV/AIDS service provision. Including equity in such documents allows it to become an official indicator, enabling the evaluation and monitoring of its application [6]. This may increase awareness of terms and strategies that foster the likelihood of equitable resource allocation, ultimately leading to improved HIV/AIDS care and service provision. Therefore, the objective of this study was to examine the mentions of equity in relation to social classes and health system functions within HIV/AIDS policy documents in Ethiopia.

Conceptual framework

We conducted a policy content analysis using Marmot's equity lenses as a framework [38]. Thimm-Kaiser et al. have also developed a social determinants of health framework, emphasizing social classes as social determinants and health system factors as so-called social determinants processes towards health outcomes [39]. These two frameworks guide which social strata need to be evaluated in equity-oriented policy documents, by which policy analysis may highlight the country's values and interests [40]. Another previous global and country-based policy content analysis examined equity in terms of social categories, healthcare coverage, outcomes, financing, infrastructure and strategies [41], which supports the reproducibility of the current study.

The content-wise analysis addresses the question of how documents contextualize equity relating to social strata towards health service delivery (for example, accessibility, availability and coverage), health governance and leadership, medical products and technologies (for example, drugs and smart medical technologies), workforce, financing (for example, remuneration, funding and budgeting) and health information systems (for example, using evidence-based approaches, tools, guidelines and media use). Social strata include gender, religion, place of residence, social capital, ethnicity/language, region, income/poverty, occupation/employment status and age. In addition, the health equity perspective in terms of individual-level and structural (health system functions) determinants for health outcomes (HIV infections or prevalence and AIDS-related mortality) was assessed (Fig. 1). The current analysis also presented the broader mentions of (in)equity that are nonspecific to any of the social classes and health system functions.

Materials and methods

Data sources

Documents were searched to find relevant policies, strategic plans, guidelines and reports on HIV/AIDS in Ethiopia. Collins stated in his article "Health Policy Analysis" that secondary data sources (publicly available documents) can be sufficient for policy analysis

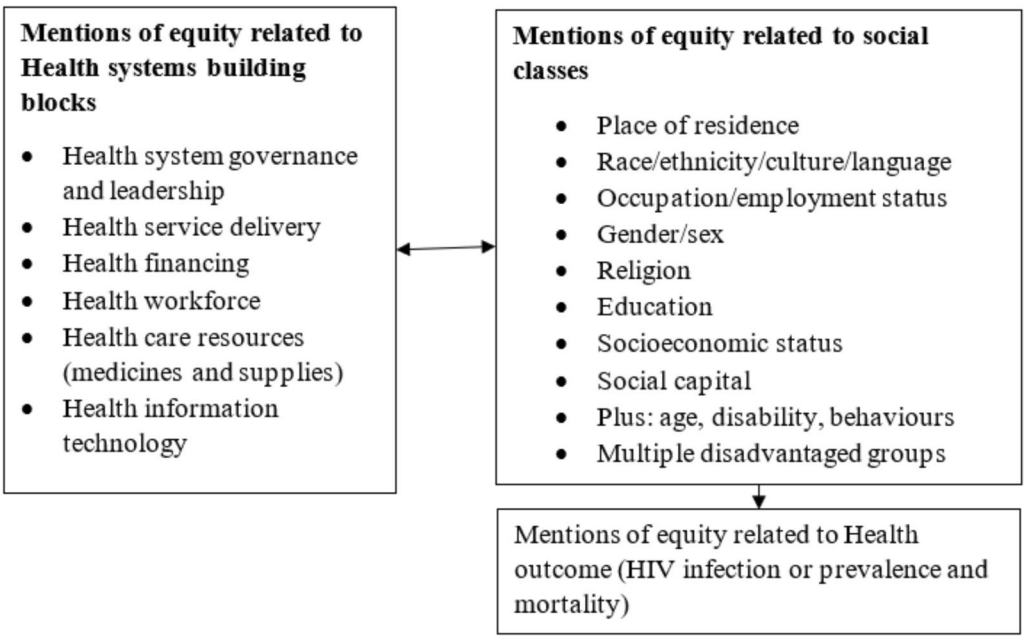

Fig. 1 Framework for mentions of equity analysis based on policy document contents

[42]. These documents are health policies (strategic plans), guidelines and reports that contribute to steering pragmatic solutions. The included health policy documents were based on previous definitions and literature [32, 43, 44]. A strategic plan at the macro-level contains the nationwide plans to achieve specified health goals and targets through national investment in resources, financial administration, health workforce development and health governance [45]. Guidelines are tools or protocols that clinicians or local leaders use or implement and serve as a bridge between a stated policy or strategic plan and the clients. Guidelines can be described as the intersection between population (clients) and policy [42]. Report documents reflect what was done and how and are relevant to be evaluated in terms of contexts or health problems addressed in reports [46, 47]. The inclusion criteria for this study were the public availability of the document and it being written in English. The documents included were policies, strategic plans, guidelines and reports at the national level. Documents at the subnational level and those written in other languages were excluded.

Hand searches were conducted in Google and of websites (the Ethiopian Federal Ministry of Health, the WHO, the World Bank, the UNAIDS and the International Institute for Primary Health Care – Ethiopia) pledged to developing countries and Ethiopia. Documents were purposefully selected on the basis of their relevance and timeliness. The search period for documents was between 1 March 2023 and 1 May 2023. The included documents in the content analysis were published between 1998 and 2022.

Data quality assurance

We manually searched each document for its use and discussion of "equit*", "inequit*", "equal*", "inequal", "unequal*", "disparit*" and "differenc*". The contents of the policy documents were read, extracted, summarized and analysed carefully. The findings were presented and evaluated to ensure the appropriateness of what is available in the evaluated documents. The extent of extracted data and synthesized information was appraised by rematching with documents, and any changes were corrected. Equity-related concepts and counts did not consider references, tables of contents or adverbial use of (in)equality, (in)equity, unequal, disparity or difference. Aklilu Endalamaw (the first author of this work) attended a health system course in the University of Queensland School of Public Health which helped him comprehensively understand health systems structure and policy analysis.

Data analysis

This policy content analysis was conducted in Ethiopia on the basis of the national-level documents. We followed Bardache's eightfold policy analysis framework, which guides conducting policy content analysis in the health system [48]. It has eight steps: (1) define the problem, (2) gather evidence, (3) construct alternatives, (4) select the criteria, (5) project the outcomes, (6) confront the trade-offs, (7) make decisions and (8) share the results of the process. According to these steps, the detailed activities in the current study began with a deep understanding of the importance of policy content analysis, an area not previously studied. This was followed by searching for, describing and assembling eligible documents and setting social classes and health system functions as indicators. The next steps involved quantifying occurrences of equity, re-evaluating the extracted data and its meaning and synthesizing the main findings. The final step was the dissemination of the main findings, with this manuscript serving as part of the results dissemination. Passing through these steps, we conducted a qualitative thematic analysis of policy contents, showing salient features. The occurrence of (in)equity, (in)equality, disparity and difference was counted in each document. NVivo, a qualitative data analysis software, was used to develop the predefined guiding framework [49]. The results are presented in texts and tables.

Results

Characteristics of included documents

A total of 26 documents from 1998 to 2022 were included; 21 were HIV/AIDS-specific documents, and 5 were comprehensives health documents. Five documents were guidelines on HIV prevention, care and treatment, with two in 2007 and one each in 2014, 2017 and 2018; four documents were strategic plans specific to HIV/AIDS released in 2004, 2010, 2015 and 2021. In total, three documents were about progress reports on HIV/AIDS, representing 2005, 2012 and 2014; two were policy documents on HIV/AIDS, representing 1998 and 2001. Two were the 2007 and 2018 HIV/AIDS mentoring guidelines; two were the 2021 and 2022 country operation plans summary on HIV/AIDS care. Further, one document was the 2005 HIV/AIDS advocacy guideline, one was the 2011 HIV/AIDS mainstreaming guideline and one was the 2018–2020 HIV prevention road map. The five general policy documents were the 2019 national guidelines on the Essential Health Services Package of Ethiopia and the four National Health Strategic Plans released from 2005 to 2020 (Table 1).

Table 1 The HIV/AIDS policy documents included in the current analysis

Code for reports, guidelines or strategic plans (year)	Title	Relevance
P1 (1998)	Policy on HIV/AIDS of the Federal Democratic Republic of Ethiopia (AIDS Resource Support, 1998)	Policy on HIV/AIDS
P2 (2001)	Workplace HIV/AIDS Policy – Guideline (CETU-HIV/AIDS Project Office, October 2001)	Policy on HIV/AIDS
R1 (2003–2005)	Report on Progress towards Implementation of the Declaration of Commitment on HIV/AIDS (Federal Democratic Republic of Ethiopia Ministry of Health, 2006)	Progress report on HIV/AIDS
E1 (2005/6–2009/10)	Health Sector Strategic Plan (HSDP-III) (Federal Ministry of Health, 2005)	National strategic plan for health problems including HIV/AIDS
A (2005)	National HIV/AIDS Advocacy Framework and Guideline (HIV/AIDS Prevention and Control Office, 2005)	HIV/AIDS advocacy guideline
S1 (2004–2008)	Ethiopian strategic plan for intensifying multi-sectoral HIV/AIDS response (Ministry of Health HIV/AIDS Prevention and Controls Office, 2004)	Multisectoral response to the HIV/AIDS epidemic
G1 (2007)	Guidelines for implementation of the antiretroviral therapy programme in Ethiopia (Federal Ministry of Health, 2007)	ART programme
G2 (2007)	Guidelines for HIV Counselling and Testing in Ethiopia (Federal HIV/AIDS Prevention and Control Office Federal Ministry of Health, 2007)	New version of the HIV counselling and testing guide
CM1 (2007)	Guideline for HIV Care/ART Clinical Mentoring in Ethiopia (Federal HIV/AIDS Prevention and Control Office, Ministry of Health Ethiopia, 2007)	To provide HIV services in health centres and hospitals
M (2011)	HIV and AIDS Mainstreaming Implementation Manual (Ethiopian Federal HIV/AIDS Prevention and Control Office, 2011)	HIV/AIDS mainstreaming guide to cross-cutting sectors
R2 (2012)	Country Progress Report on HIV/AIDS Response (Federal Democratic Republic of Ethiopia, 2012)	Report on HIV/AIDS response
G3 (2014)	National guidelines for comprehensive HIV prevention, care and treatment (Federal Ministry of Health, 2014)	Revised fourth edition of guidelines for HIV/AIDS treatments
R3 (2014)	Country progress report on the HIV response (Federal Democratic Republic of Ethiopia, 2014)	Report on HIV/AIDS response
E2 (2010/11–2014/15)	Health Sector Development Program IV (Federal Democratic Republic of Ethiopia, 2010)	National strategic plan for health problems, including HIV/AIDS
S2 (2010/11–2014/2015)	Strategic Plan II: for Intensifying Multisectoral HIV and AIDS Response in Ethiopia (Federal Ministry of Health, 2010)	The second multisectoral strategic plan
G4 (2017)	National guidelines for comprehensive HIV prevention, care and treatment (Federal Ministry of Heealth, 2017)	Revised fifth edition of guidelines for HIV/AIDS treatments
G5 (2018)	National consolidated guidelines for comprehensive HIV prevention, care and treatment (Federal Ministry of Health, 2018)	Revised edition of the guidelines for HIV/AIDS treatments
CM2 (2018)	Guideline for HIV care/ART clinical mentoring in Ethiopia (Federal Democratic Republic of Ethiopia Ministry of Health, 2018)	To provide HIV services in health centres and hospitals
HS (2019)	Essential Health Services Package of Ethiopia (Ministry of Health – Ethiopia, 2019)	Provision of essential health services (including HIV/AIDS)
E3 (2015/16 – 2019/20)	Health Sector Transformation Plan (the Federal Democratic Republic of Ethiopia Ministry of Health, 2015)	National strategic plan for health problems, including HIV/AIDS
S3 (2015–2020)	HIV/AIDS Strategic Plan: in an Investment Case Approach (Ministry of Health Federal HIV/AIDS Prevention and Control Office, 2014)	Scaling up the priority programs in the investment case to the set coverage targets
RM (2018–2020)	HIV Prevention in Ethiopia: National Road Map (Federal HIV/AIDS Prevention and Control Office, 2018)	A framework for the HIV prevention response
OP1 (2021)	Ethiopia Country Operational Plan Strategic Direction Summary (PEPFAR, 2021)	AIDS relief support for HIV services
OP2 (2022)	Ethiopia Country Operational Plan (COP) Strategic Direction Summary (PEPFAR)	AIDS relief support for HIV services
E4 (2020/21–2024/25)	National Health Equity Strategic Plan (Ministry of Health, 2020)	National strategic plan for health problems, including HIV/AIDS
S4 (2021–2025)	HIV/AIDS National Strategic Plan for Ethiopia (Federal HIV/AIDS Prevention and Control Office)	A vision of AIDS-free Ethiopian HIV/AIDS strategy

Table 1 (continued)

P1, P2, R1, …, S4 represent the code for each report. ART, antiretroviral therapy; CETU, Confederation of Ethiopian Trade Unions; PEPFAR, US President's Emergency Plan for AIDS Relief

Table 2 Number of documents, along with their total pages and frequency of (in)equity, (in)equality and disparity occurrence in documents from 1998 to 2022, grouped into four periods

Code for report, guideline or strategic plan (year)	Total number of pages	Occurrences of "(in)equit*"	Occurrences of "(in)equal*"	Occurrences of "disparit*"
1998–2004 (four documents)	152	1	11	2
2005–2010 (seven documents)	650	28	20	0
2011–2015 (six documents)	671	149	117	24
2016–2022 (nine documents)	1139	328	53	44

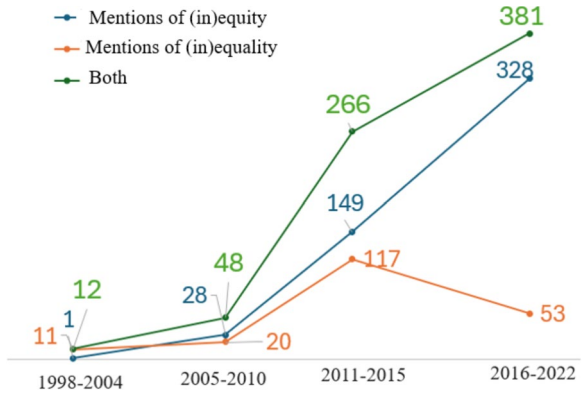

Fig. 2 Mentions of equity, equality and both terms from 1998 to 2022

Occurrence of (in)equity, (in)equality and disparity over time

Overall, four documents were published between 1998 and 2004, seven documents between 2005 and 2010, six documents between 2011 and 2015 and nine documents between 2016 and 2022. Over time, the inclusiveness of (in)equity in policy documents has increased. There seems to be a shift from equality to equity, as mentions of (in)equity increased from 149 between 2011 and 2015 to 328 between 2016 and 2022, while (in)equality mentions declined from 117 to 53 during the same period (Table 2). The mentions of (in)equity, (in)equality and both terms are presented in Fig. 2.

When we examine mentions specific to document types, the frequency of (in)equity, (in)equality and disparity increased in the national strategic plan from 2005 to 2020. Equity has received more attention in the general health strategic plans than in HIV/AIDS-specific documents. The frequency of equity increased in strategic plans and guidelines; however, it decreased in reports. The 1998 HIV/AIDS policy document did not mention (in)equity (P1), but (in)equity was mentioned once in the 2001 HIV/AIDS policy for workers (P2). National HIV/AIDS-related progress reports did not mention (in)equity in 2005 (R1), but mentioned (in)equity twice in 2012 (R2) and 2014 (R3). The HIV/AIDS strategic document did not mention (in)equity in 2004 (S1), but mentioned it 14 times in 2021 (S4). HIV/AIDS treatment and care guidelines (HIV testing, antiretroviral therapy (ART) and comprehensive care) mentioned equity 3 times in 2007 (G1) and 15 times in 2018 (G5). Two clinical mentoring guidelines for ART or HIV care discuss equity once each in 2007 (CM1) and 2018 (CM2). Country operational plans on HIV/AIDS did not state the word "equity" in 2021 (OP1) but stated it five times in 2022 (OP2). (In)equity was most frequently mentioned in the National Health Strategic Plan; it was mentioned 10 times in 2005, 122 times in 2015 and 244 times in 2021. There was no document that used the word "unequal" in the context of health outcomes or service distribution across social strata or broadly in health system contexts. Some used the word difference to express the disparity of HIV infection or prevalence between social strata, mainly men and women [50, 51]. The 2010 Health Sector Development Programme also used difference once [52]. Moreover, the 2015 Health Sector Transformation Plan mentioned difference 26 times [53] and the 2020 National Health Strategic Plan mentioned difference 10 times [54]. The length of documents (number of pages) may not contribute to the frequency of mentions of equity when we examine each document. Some documents (for example, advocacy guideline) were not updated over time. The code number of pages, occurrences of (in)equity, (in)equality and disparity in each document are presented in Supplementary File 1.

Equity and health system building blocks

Equity is mentioned more in relation to health system leadership and governance attributes, while it receives less attention in the health information system. (In)

equity and/or (in)equality are mentioned in relation to health leadership and governance roles [52–60], healthcare services activities [53, 55, 56, 58, 60, 61], healthcare supplies and technologies [36, 51–54, 62, 63], health financing [52–54, 58, 62], the health workforce [52–54] and the health information system [53, 54].

The HIV/AIDS strategic document described equity as the government's need for ensuring equity; it also considered equity one of the principles and dimensions of the "Value for Money Principles" [36]. HIV/AIDS treatment guidelines included leadership and governance-related goals, purposes, missions or principles related to equity concepts. The importance of and need for planning and implementing equitable programmes [55–57], promoting human rights, social justice and health equity as a guiding and ethical principle were mentioned [55, 56, 58], which should be guaranteed by the constitution, and equity and human rights were advised to be included during equity-based programme evaluation, policy designation and guideline review and adaptation [55, 56, 58]. The responsibility to ensure health service equity and quality is designated to the Ministry of Health [55, 56, 58]. It is also suggested to include "ethics, equity, and human rights" as the "key parameters for decision-making" [55].

In relation to healthcare services, equity was frequently interrelated with access, coverage, availability, efficiency and quality of health services [50, 53–55, 57, 58, 62, 64]; acceptability [55, 56, 64]; equal rights and privileges [61] and effectiveness [53, 64]. In addition, it mentioned legal, social and normative challenges as the determinants of inequitable access to HIV services [55, 56, 58]. Regarding medical supplies and technologies, the presence of inequity in access to and distribution of medical supplies and technologies was mentioned [36, 52], as well as the need to promote equitable allocation in strategic plans [51–53, 62, 63].

The health workforce was mentioned in relation to inequalities in health developments in army networks as determinant of inequality in service and health outcomes, highlighting a need for an equitable health workforce [52–54].

The three national health strategic plans described equity in health financing and one guideline about equity in cost–effectiveness measurement. Equity was voiced with ethics and human rights to be considered in the evaluation of cost–effectiveness [58]. They described the presence of equally shared funding of the health sector between the public and private sectors [62] and equitable use of donor funds [52], while the second national strategic plan reported the presence of inequity in financial use between health sectors [52]. There was also mention of the presence of or plan for implementation of equitable financing mechanisms (for example, equitable health insurance) [52–54].

Regarding the health information system, the Health Sector Transformation Plan (2015–2020) recommended monitoring health inequalities and strong equity-oriented health information systems [53].

Equity and social classes

Social classes, such as gender [36, 50, 51, 53–58, 62, 64–71], place of residence [51, 53, 65], region [51, 53, 54], religion [54], age [53, 54, 57, 64], employment status [65], education status [53, 54, 58], income status [53, 54, 58, 67] and marital status [54] have been utilized as equity performance indicators and measures for HIV infection disparity. In addition, (in)equity relating to geographic regions was considered an indicator for equity performance [53, 54], and it has served as a measure of equitable distribution of human resources [54, 62]. Regarding intersectionality (multiple disadvantaged groups), there was no document that directly used the word "intersectionality". However, the HIV/AIDS strategic plan [68] suggested providing health services to rural areas aimed at closing the gender inequality gap (intersectional determinants are residence and gender) [68]. One document described how a combination of education, employment or income exposed disadvantaged women to HIV infection [36]. The mention of equity in health system functions and social classes is presented in Table 3.

Equity-related definitions and terminologies

Equity is mentioned as a principle of "Value for Money" [36], ethics [55, 56, 58] and dimensions of quality of care [53, 55, 56, 58]. The interrelated definition of equity includes human rights [53, 55, 56, 58], social justice [55, 56, 58], fairness [53, 54], social inclusion [52], equal rights and privileges [61], inclusiveness [52, 53] and absence of avoidable or remediable differences [53]. Equity is frequently interrelated with access, coverage, availability, efficiency, quality [50, 53–55, 57, 58, 62, 64], acceptability [55, 56, 64] and effectiveness [53, 54, 64] of health services. The 2020 National Health Strategic Plan also mentioned that comprehensiveness, accessibility, coverage, continuity, quality, person-centredness, coordination and people-centredness are considered a principle or pillars of health equity [54].

Discussion

The aim of this study was to assess the degree to which equity is incorporated in HIV/AIDS-related policy documents in Ethiopia. Mentions of equity in policy documents increased over time. It seems to be a shift from equality to equity, as mentions of (in)equity increased, while (in)equality mentions declined during the same

Table 3 Equity in relation to strategies and barriers specific to health system functions and social strata

Strategies related to health system functions	Strategies specific to social strata
Medical supplies and technologies • Equitable resource allocation (Federal Democratic Republic of Ethiopia, 2010; Ministry of Health Federal HIV/AIDS Prevention and Control Office, 2014; the Federal Democratic Republic of Ethiopia Ministry of Health, 2015; Federal Ministry of Health, 2005; and Ministry of Health – Ethiopia, 2019)	Residence • Equity-oriented strategies (for example, decentralized care for rural area) (Ministry of Health HIV/AIDS Prevention and Controls Office, 2004; Federal Ministry of Health, 2017; the Federal Democratic Republic of Ethiopia Ministry of Health, 2015; Ministry of Health, 2020; and Federal Ministry of Health, 2014)
Healthcare delivery • Compassionate patient-centred care (the Federal Democratic Republic of Ethiopia Ministry of Health, 2015) • Engaging faith-based organizations (HIV/AIDS Prevention and Control Office, 2005) • Decentralizing HIV care to primary healthcare facilities (Federal HIV/AIDS Prevention and Control Office Ministry of Health Ethiopia, 2007)	Region • Equitable health workforce distribution across regions (Ministry of Health, 2020, and Federal Ministry of Health, 2005) • Entitlement for underdeveloping regions (the Federal Democratic Republic of Ethiopia Ministry of Health, 2015, and Ministry of Health, 2020)
Health governance and leadership • Integrating equity into the vision and general objective of the health system (the Federal Democratic Republic of Ethiopia Ministry of Health, 2015) • Equity consideration in leadership activities (Ministry of Health, 2020), such as planning (Federal Ministry of Health, 2017; Federal Ministry of Health, 2014; and Federal Ministry of Health, 2007), implementing (Federal Ministry of Health, 2017; Federal Ministry of Health, 2014; and Federal Ministry of Health, 2007), evaluation (Federal Ministry of Health, 2017; Federal Ministry of Health, 2018; Federal Ministry of Health, 2014; and Federal Democratic Republic of Ethiopia, 2010), designation (Federal Ministry of Health, 2017; Federal Ministry of Health, 2018; and Federal Ministry of Health, 2014), decision-making (Federal Ministry of Health, 2017; Federal Ministry of Health, 2018; and Federal Ministry of Health, 2014), reviewing (Federal Ministry of Health, 2017; Federal Ministry of Health, 2018; and Federal Ministry of Health, 2014) and adaptation (Federal Ministry of Health, 2017; Federal Ministry of Health, 2018; and Federal Ministry of Health, 2014) • Equity consideration during stakeholder and impact analysis (Federal Democratic Republic of Ethiopia, 2010, and the Federal Democratic Republic of Ethiopia Ministry of Health, 2015) and partnership (Federal Democratic Republic of Ethiopia, 2010, and the Federal Democratic Republic of Ethiopia Ministry of Health, 2015) • Equity consideration as an agenda (the Federal Democratic Republic of Ethiopia Ministry of Health, 2015), goal (the Federal Democratic Republic of Ethiopia Ministry of Health, 2015), objective (the Federal Democratic Republic of Ethiopia Ministry of Health, 2015) and institutional response (Federal Democratic Republic of Ethiopia, 2010)	Income status • Entitlement for people living in poverty or pro-poor strategy (the Federal Democratic Republic of Ethiopia Ministry of Health, 2015; Ministry of Health, 2020)
Health financing • Equitable health insurance (Federal Democratic Republic of Ethiopia, 2010, the Federal Democratic Republic of Ethiopia Ministry of Health, 2015; Ministry of Health, 2020) • Equity consideration in the cost–effectiveness evaluation (Federal Ministry of Health, 2018) • Shared funding between the public and private sectors (Federal Ministry of Health, 2005) • Equitable use of donor funds (Federal Democratic Republic of Ethiopia, 2010)	Gender • Gender-based human resource equality (the Federal Democratic Republic of Ethiopia Ministry of Health, 2015, and Ethiopian Federal HIV/AIDS Prevention and Control Office, 2011) • Gender-based service provision (Federal Democratic Republic of Ethiopia Ministry of Health, 2006; Ministry of Health HIV/AIDS Prevention and Controls Office, 2004; Federal Ministry of Health, 2007; Federal Democratic Republic of Ethiopia, 2014; PEPFAR, 2021; PEPFAR; and the Federal Democratic Republic of Ethiopia Ministry of Health, 2015) • Gender equity consideration in mainstreaming HIV/AIDS (Ethiopian Federal HIV/AIDS Prevention and Control Office, 2011) • Promoting gender equality (Federal Ministry of Health, 2014, and CETU-HIV/AIDS Project Office, October 2001) • Gender inclusiveness in multisectoral strategies and plans initiative (Federal Democratic Republic of Ethiopia, 2014) • Gender-responsive budgeting and programming, collaboration, education curriculum and law and policy sensitization (Federal Ministry of Health, 2010; Ministry of Health Federal HIV/AIDS Prevention and Control Office, 2014; and Federal HIV/AIDS Prevention and Control Office) • Monitoring gender inequality (Federal Ministry of Health, 2005) • Gender mainstreaming (Federal Democratic Republic of Ethiopia, 2010; the Federal Democratic Republic of Ethiopia Ministry of Health, 2015) • Gender equity and equality consideration in leadership (the Federal Democratic Republic of Ethiopia Ministry of Health, 2015) • Entitlement for women (Federal Democratic Republic of Ethiopia, 2012; Federal Democratic Republic of Ethiopia, 2014; Ethiopian Federal HIV/AIDS Prevention and Control Office, 2011; Ministry of Health-Ethiopia, 2019; Federal Ministry of Health, 2005; the Federal Democratic Republic of Ethiopia Ministry of Health, 2015; Federal HIV/AIDS Prevention and Control Office, Ministry of Health Federal HIV/AIDS Prevention and Control Office, 2014; Ministry of Health, 2020; and CETU-HIV/AIDS Project Office, October 2001)
Health workforce • Equitable health workforce development (Federal Democratic Republic of Ethiopia, 2010; the Federal Democratic Republic of Ethiopia Ministry of Health, 2015; Ministry of Health, 2020)	Religion/culture • Sociocultural appropriateness of services (Ministry of Health, 2020)
Health information technology • Monitoring health inequalities and strong equity-oriented health information systems (the Federal Democratic Republic of Ethiopia Ministry of Health, 2015)	Education status • Health literacy and adult education (Ministry of Health, 2020) • Affordable healthcare (pro-poor) (the Federal Democratic Republic of Ethiopia Ministry of Health, 2015)

Table 3 (continued)

Strategies related to health system functions	Strategies specific to social strata
Challenges or barriers • The responsibility for ensuring equity in health service is given to the Ministry of Health (Federal Ministry of Health, 2017; Federal Ministry of Health, 2018; Federal Ministry of Health, 2014; Federal Democratic Republic of Ethiopia Ministry of Health, 2018) and political leaders (HIV/AIDS Prevention and Control Office, 2005) • Legal, social and normative challenges (Federal Ministry of Health, 2017; Federal Ministry of Health, 2014; Federal Ministry of Health, 2018) • Inequity in access and distribution of HIV/AIDS medicines and related resources (Federal Democratic Republic of Ethiopia, 2010; Federal HIV/AIDS Prevention and Control Office; Ministry of Health, 2020) • Inequity in financial use between health sectors (Federal Democratic Republic of Ethiopia, 2010)	Age • Initiation of an age-appropriate law and policy (Federal HIV/AIDS Prevention and Control Office) • Youth-friendly services (Federal HIV/AIDS Prevention and Control Office) • Age-appropriate curriculum (Federal HIV/AIDS Prevention and Control Office) Multiple disadvantaged groups • Health services to rural areas to close gender inequality (intersectional determinants were residence and gender) (Ministry of Health HIV/AIDS Prevention and Controls Office, 2004)

CETU, Confederation of Ethiopian Trade Unions; PEPFAR, US President's Emergency Plan for AIDS Relief

period. Equity was mentioned more frequently in relation to health systems governance attributes, while it was less emphasized in relation to health information systems. Equity was mentioned most frequently with gender, while religion, occupation or employment status and social capital as well as multiple disadvantaged groups have received less attention.

Attention has increasingly been given to equity. Literature addressed that equity acknowledges people's different interests and that they may need different support to achieve the same outcomes [72]. Implementing equity ultimately achieves equality [73]. Including equity in HIV/AIDS policy documents reflects a more nuanced understanding of the diverse needs of individuals and groups. This underscores equitable services provision based on need rather than on providing the same level of support. This aligns with the Sustainable Development Goal that emphasizes need-based service provision [5]. Global initiatives, such as the UNAIDS Global AIDS Strategy 2021–2026 [74] and the United States President's Emergency Plan for AIDS Relief [75], have adopted equity as a guiding principle and a key goal for their HIV/AIDS response. The increasing mentions of equity were 1 time between 1998 and 2004, 28 times between 2005 and 2010, 149 times between 2011 and 2015 and 328 times between 2016 and 2022, according to this study. Parallel to this, HIV-related services increased, and the infection rate declined in Ethiopia, though it is unclear whether this is directly linked to the mentions of equity in policy documents. To illustrate, the percentage of individuals with accepting attitudes towards people living with HIV increased from 18% in 2005 to 33.5% in 2011 and 40% in 2016 [34]. The percentage of individuals with comprehensive knowledge about HIV/AIDS also increased from 20% in 2005 to 26% in 2011 and 28% in 2016 [33]. ART coverage has increased from 3% in 2005 to 34% in 2010, 59% in 2015 and 88% in 2023 [76]. The cumulative effects may have impacted HIV incidence, which declined from 63 000 in 2000 to 39 000 in 2005, 27 000 in 2010, 16 000 in 2015 and 7400 in 2022 [77].

Equity was embedded in the health system functions. Health leadership and governance attributes were better articulated with equity than other health system domains, cascading equity as a goal, an objective, a principle, planning, implementation, evaluation, decision-making and responsibility. Equity alone was also addressed as a governance attribute similar to available literature [78]. The saying that failing to plan is planning to fail can be applied to improve planning for equity actions, as has been explained for some healthcare services elsewhere [79]. The WHO identified related attributes of governance for health equity, such as spaces for discussion (communication-related, reflexive and pedagogical), decision-making (coherence, responsiveness, transparency and rule of law), implementation (coordination action and identification) and evaluation (impact assessment and return of the results) [80]. Moreover, the UN has identified eight parameters for good governance: effective and efficient, equitable and inclusive, responsive, accountable, consensus-oriented, participatory and following the rule of law [81]. Labonté, in his critical reflection note, identified attributes of health systems governance for health equity, which include decentralization, accountability, decision-making, distribution leadership, participation (for example, community engagement), transparency, representation and resource mobilization [82]. In the present analysis, the examined documents underscored that the Ministry of Health and political leaders bear the responsibility for ensuring equity [55, 56, 58]. This perspective should be cascaded to regional, zonal and district health offices, as well as to health workers and clients, who may have varying roles and levels of involvement.

Moreover, equity can be considered in health financing, workforce and technology. For instance, there are

plans for equitable financing [52–54], equitable distribution of health workers [83] and equity-oriented health information systems [53]. Equity can be demonstrated in patients' payments to private providers, community financing, public and social health insurance and subsidy systems [84, 85]. Similarly, equity in the health workforce can be demonstrated beyond equitability across regions and gender. Equity can also be considered in safe and fair working conditions, diverse composition, social missions of health promotion education and provider distribution according to the need from the population and clients [83]. Health information technology, another health system function, was not addressed in HIV/AIDS strategic documents, guidelines or reports. Scalability and sustainability, evaluation and implementation, creation and adoption, coordination, training, data capture and protection and standardization of electronic records and tools are some of the health information technology attributes that work together to address health disparities [86]. Therefore, HIV/AIDS-related policy documents should clearly state the implementation of health technologies towards achieving equity in HIV/AIDS services. Furthermore, structural and social determinants complement each other bidirectionally to address (in)equity within and between them.

Equity has been mentioned in relation to strategies aimed at reducing disparities arising from economic status, level of education, geographic, gender and other demographic characteristics. For instance, strategies such as decentralized care for rural areas [53, 54] and women's empowerment [36, 51, 53, 67, 70] have been highlighted. It is noteworthy that gender has been the most frequently included equity lens. Similarly, gender equity is being increasingly incorporated into global goals and policies [87–89]. The emphasis on empowering women in programmes and policies to address various human behaviours has gained international recognition [90]. However, other social classes, such as social capital, religion and occupation or employment status were not well-conceived, although multisectoral action and policy underlined the importance of engaging religious leaders in HIV prevention activities [91, 92]. The HIV/AIDS strategic documents and guidelines do not address how to deliver a continuum of care and services to people from different religious groups, even though HIV/AIDS-related services utilization is varied owing to religious practises. For example, Christians may prefer holy water to ART or consider holy water as alternative therapy [93, 94]. It is crucial that strategic plans and guidelines address this issue to ensure equitable access and utilization of services by this group of people. Furthermore, the HIV/AIDS strategic plans and treatment guidelines have not adequately considered how services should be provided for people from rural areas who attend health institutions. They also have not clearly addressed equity in service provision or proposed strategies on how to adapt interventions and practise on the basis of regional and individual differences, such as marital status, occupation and employment status. Similarly, it has been observed that multiple disadvantaged groups (intersectionality) have not been purposefully addressed in the included documents, similar to the results of another study on the maternal and child health programme in Ethiopia [95].

The policy implications of the increasing mention of equity suggest the importance of continuing to emphasize it in guidelines and reports, as it has been less frequently mentioned in these documents compared with policy and strategic ones. The infrequent mention of equity in guidelines indicates the need for clarification on how healthcare providers should conduct equity-oriented interactions with and offer services to individuals from different social classes. Mentions of equity need to be clearer, particularly regarding how to translate these mentions into clinical practice. There should be more emphasis on addressing the needs of groups left behind, such as individuals with multiple disadvantaged identities. Social capital was also not addressed in the mentions of equity. Furthermore, the mentions of equity in policy and strategic plans need to be reflected in monitoring and evaluation, which should later be presented in report documents.

Limitations

The current policy document content analysis is entirely dependent on document review. The policy analysis has four elements: context, content, process and actors. The current policy document analysis was entirely dependent on content [25]. Assessing the context, formulation process and actors may provide additional insights. The context refers to the circumstances surrounding the situation being analysed. The formulation process is the method used to create or develop something. Actors are the people or entities involved in the situation. By examining these three elements, one can gain a more comprehensive understanding of the situation at hand. Moreover, the extraction and scanning of data related to (in)equity was conducted manually by one reviewer. This approach may be prone to errors, particularly given the extensive number of documents and pages. It is important to note that, while it is possible that some grey reports and documents were inadvertently missed, this oversight would not greatly impact the data and overall conclusions. Moreover, we considered all relevant documents that are available online only. We agree that incorporating publicly unavailable documents is important, and we acknowledge that this is another limitation of the current work.

Conclusions

The mention of (in)equity in policies, strategies and progress reports increased over time, but it is not equally mentioned in these documents. Equity was highly immersed in health systems governance attributes while being least rooted in the attributes of health information technology. Gender was the most frequently mentioned social class with equity, while religion, occupation or employment status and social capital, as well as multiple disadvantaged groups (intersectional identity), received less attention.

As a result, it is critical to integrate equity into HIV/AIDS policy documents and guidelines. It will be supportive if there are identified and articulated efficient interventions that aim to promote health equity across social strata and implement targeted interventions for disadvantaged subgroups. Prioritizing intersectional service provision would be beneficial, along with a shift to equity-oriented financing and programme implementation. HIV/AIDS-related policy documents need to be revised periodically on the basis of the national and global contexts, with the aim of realizing equity.

Abbreviations

ART	Antiretroviral therapy
UNAIDS	Joint United Nations Programme for HIV/AIDS
UN	United Nations
UHC	Universal health coverage

Supplementary Information

The online version contains supplementary material available at https://doi.org/10.1186/s12961-025-01292-1.

Additional file 1.

Acknowledgements

Not applicable.

Author contributions

A.E.: conceptualization, identification of research questions, building of search strategy, literature search, writing of manuscript draft and final report and approval of the final manuscript. Y.A.: conceptualization, supervision and approval of the final manuscript. C.F.G.: supervision and approval of the final manuscript.

Funding

The authors have not received funding for this research.

Availability of data and materials

No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

Author details

[1]School of Public Health, The University of Queensland, Brisbane, Australia. [2]College of Medicine and Health Sciences, Bahir Dar University, Bahir Dar, Ethiopia.

Received: 5 March 2024 Accepted: 7 February 2025
Published online: 22 May 2025

References

1. UNAIDS and WHO. Report on the global HIV/AIDS epidemic. Geneva: UNAIDS and WHO; 1998.
2. UNAIDS. UNAIDS the first 10 years. UNAIDS: Geneva, Switzerland; 2008.
3. World Health Organization. Millennium development goals (MDGs). Geneva: World Health Organization; 2018.
4. United Nations General Assembly. Resolution adopted by the General Assembly on 8 June 2016. 22 June 2016. Report No.: A/RES/70/266.
5. The World Bank. Universal health coverage as a Sustainable Development Goal 2023 https://datatopics.worldbank.org/world-development-indicators/stories/universal-health-coverage-as-a-sustainable-development-goal.html.
6. Joint United Nations Programme on HIV/AIDS (UNAIDS). Equity in the HIV response: assessing progress and charting a way forward. Geneva and Washington D.C.: Joint United Nations Programme on HIV/AIDS, United States President's Emergency Plan for AIDS Relief, Bureau of Global Health Security and Diplomacy, United States Department of State; 2024. Licence: CC BY-NC-SA 30 IGO.
7. World Health Organization. Everybody's business – strengthening health systems to improve health outcomes: WHO's framework for action. Geneva, Switzerland: World Health Organization; 2007.
8. Evans DB, Etienne C. Health systems financing and the path to universal coverage. SciELO Public Health. 2010;402:3.
9. Busse R, Panteli D, Quentin W. An introduction to healthcare quality: defining and explaining its role in health systems. Imp Health Quality Europe. 2019;1:17.
10. UNAIDS. Ending inequalities and getting on track to end AIDS by 2030. UNAIDS: Switzerland, Geneva; 2022.
11. UNAIDS and World Health Organization. Guidance on ethics and equitable access to HIV treatment and care. Geneva, Switzerland: World Health Organization; 2004.
12. UNAIDS. Prevailing against pandemics by putting people at the center – World AIDS Day report 2020 Geneva2020 https://www.unaids.org/en/resources/documents/2020/prevailing-against-pandemics.
13. Robinson R, Moodie-Mills A. HIV/AIDS inequality: structural barriers to prevention, treatment, and care in communities of color. Retrieved July. 2012;24:2015.
14. Parker RG, Easton D, Klein CH. Structural barriers and facilitators in HIV prevention: a review of international research. AIDS (London, England). 2000;14:S22–32.
15. Nkengasong J, Ratevosian J. Legal and policy barriers for an effective HIV/AIDS response. Lancet. 2023;401(10386):1405–7.
16. Enoch J, Piot P. Human rights in the fourth decade of the HIV/AIDS response: an inspiring legacy and urgent imperative. Health Hum Rights. 2017;19(2):117.
17. Caldwell SE, Mays N. Studying policy implementation using a macro, meso and micro frame analysis: the case of the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) programme nationally and in North West London. Health Res Policy Syst. 2012;10:1–9.
18. World Health Organization. Health21: the health for all policy framework for the WHO European Region. Geneva: World Health Organization; 1999.
19. Bulger RE, Bobby EM, Fineberg HV. The formulation of health policy by the three branches of government society's choices social and ethical decision making in biomedicine. NW Washington: National Academies Press (US); 1995.
20. Walt G. Health policy: an introduction to process and power. 1994.
21. Lee K, Buse K, Fustukian S. Health policy in a globalising world. Cambridge: Cambridge University Press; 2002.
22. Lilly K, Kean B, Hallett J, Robinson S, Selvey LA. Factors of the policy process influencing health in all policies in local government: a scoping review. Front Public Health. 2023;11:1010335.

23. Sun X, Lu F, Wu Z, Poundstone K, Zeng G, Xu P, et al. Evolution of information-driven HIV/AIDS policies in China. Int J Epidemiol. 2010;39(2):4–13.
24. Walt G, Shiffman J, Schneider H, Murray SF, Brugha R, Gilson L. 'Doing' health policy analysis: methodological and conceptual reflections and challenges. Health Policy Plan. 2008;23(5):308–17.
25. Walt G, Gilson L. Reforming the health sector in developing countries: the central role of policy analysis. Health Policy Plan. 1994;9(4):353–70.
26. Nelson LJ, Beusenberg M, Habiyambere V, Shaffer N, Vitoria MA, Montero RG, et al. Adoption of national recommendations related to use of antiretroviral therapy before and shortly following the launch of the 2013 WHO consolidated guidelines. AIDS (London, England). 2014;28:S217–24.
27. Church K, Kiweewa F, Dasgupta A, Mwangome M, Mpandaguta E, Gómez-Olivé FX, et al. A comparative analysis of national HIV policies in six African countries with generalized epidemics. Bull World Health Organ. 2015;93:457–67.
28. Thomson K, Hillier-Brown F, Todd A, McNamara C, Huijits T, Bambra C. The effects of public health policies on health inequalities: a review of reviews. Lancet. 2017;390:S12.
29. Tweed EJ, Popham F, Thomson H, Katikireddi SV. Including 'inclusion health'? A discourse analysis of health inequalities policy reviews. Crit Public Health. 2021;1:13.
30. Bettez S. The social transformation of health inequities: understanding the discourse on health disparities in the United States. UK: The University of New Mexico; 2013.
31. Vanidestine T. Conceptualizing, "race" and racism in health disparities discourse: a critical discourse analysis. J Sociol Res. 2018;9(2):1–21.
32. Chinyama MJ, MacLachlan M, McVeigh J, Huss T, Gawamadzi S. An analysis of the extent of social inclusion and equity consideration in Malawi's National HIV and AIDS policy review process. Int J Health Policy Manag. 2018;7(4):297.
33. Endalamaw A, Gilks CF, Ambaw F, Khatri RB, Assefa Y. Socioeconomic inequality in knowledge about HIV/AIDS over time in Ethiopia: a population-based study. PLOS Global Public Health. 2023;3(10): e0002484.
34. Endalamaw A, Gilks CF, Ambaw F, Assefa Y. Socioeconomic inequality and contributors in accepting attitudes toward people living with HIV among adults in Ethiopia from 2005 to 2016: a population-based cross-sectional study. BMJ Open. 2023;13(12): e074694.
35. Endalamaw A, Gilks CF, Assefa Y. Socioeconomic inequality in adults undertaking HIV testing over time in Ethiopia based on data from demographic and health surveys. PLoS ONE. 2024;19(2): e0296869.
36. Federal HIV/AIDS Prevention and Control Office. HIV/AIDS National Strategic Plan for Ethiopia 2021 to 2025. Addis Ababa, Ethiopia.
37. Hasan AM. The power of words: exploring language and communication in English literature. J Lang Lit Soc Cult Stud. 2024;2(2):122–34.
38. Marmot M. Social determinants of health inequalities. Lancet. 2005;365(9464):1099–104.
39. Thimm-Kaiser M, Benzekri A. Conceptualizing the mechanisms of social determinants of health: a heuristic framework to inform future directions for mitigation. Milbank Quart. 2023;101(2):486.
40. McGrath RJ, Seavey JW, Aytur SA. Health policy analysis: framework and tools for success. Cham: Springer; 2014.
41. Paul E, Deville C, Bodson O, NkE S, Thiam I, Bourgeois M, et al. How is equity approached in universal health coverage? An analysis of global and country policy documents in Benin and Senegal. Int J Equity Health. 2019;18:1–21.
42. Collins T. Health policy analysis: a simple tool for policy makers. Public Health. 2005;119(3):192–6.
43. Hastings Centre. Guidelines on the termination of life-sustaining treatment and the care of the dying: a report. 1987.
44. Khodayari-Zarnaq R, Mosaddeghrad AM, Nadrian H, Kabiri N, Ravaghi H. Comprehensive analysis of the HIV/AIDS policy-making process in Iran. Health Res Policy Syst. 2019;17:1–12.
45. Steiner GA. Strategic planning: Simon and Schuster; 2010.
46. Siyam A, Ir P, York D, Antwi J, Amponsah F, Rambique O, et al. The burden of recording and reporting health data in primary health care facilities in five low-and lower-middle income countries. BMC Health Serv Res. 2021;21:1–9.
47. Ann DL, Susan S, Val M, Margaret H-B, Donna A. Equity reporting: a framework for putting knowledge mobilization and health equity at the core of population health status reporting. Health Prom Chronic Dis Prev Can Res Policy Pract. 2018;38(3):116.
48. Bardach E, Patashnik EM. A practical guide for policy analysis: the eightfold path to more effective problem solving. Washington, D.C: CQ press; 2019.
49. Dhakal K. NVivo. J Med Lib Assoc. 2022;110(2):270–2.
50. Federal Democratic Republic of Ethiopia. Country progress report on the HIV response. 2014.
51. Ministry of Health Federal HIV/AIDS Prevention and Control Office. HIV/AIDS strategic plan 2015–2020: in an investment case approach. Addis Ababa: Ethiopia. 2014.
52. Federal Democratic Republic of Ethiopia. Health Sector Development Program IV. Addis Ababa, Ethiopia 2010.
53. The Federal Democratic Republic of Ethiopia Ministry of Health. Health sector transformation plan (HSTP) 2015/16 - 2019/20 (2008–2012 EFY). Addis Ababa, Ethiopia 2015.
54. Ministry of Health. National health equity strategic plan 2020/21–2024/25. Ethiopia: Addis Ababa; 2020.
55. Federal Ministry of Health. National guidelines for comprehensive HIV prevention, care and treatment. Ethiopia: Addis Ababa; 2017.
56. Federal Ministry of Health. National guidelines for comprehensive HIV prevention, care and treatment Addis Ababa, Ethiopia. 2014.
57. Federal Ministry of Health. Guidelines for implementation of the antiretroviral therapy programme in Ethiopia. Ethiopia: Addis Ababa; 2007.
58. Federal Ministry of Health. National consolidated guidelines for comprehensive HIV prevention, care and treatment Addis Ababa. Ethiopia: ICAP-E; 2018.
59. Federal Democratic Republic of Ethiopia Ministry of Health. Guideline for HIV care/ART clinical mentoring in Ethiopia. Ethiopia: Addis Ababa; 2018.
60. HIV/AIDS Prevention and Control Office. National HIV/AIDS advocacy framework and guideline Addis Ababa, Ethiopia. 2005.
61. Federal HIV/AIDS Prevention and Control Office Ministry of Health Ethiopia. Guideline for HIV Care/ART clinical mentoring in Ethiopia. Addis Ababa, Ethiopia 2007.
62. Federal Ministry of Health. Health sector strategic plan (HSDP-III) (2005/6–2009/10). Ethiopia: Addis Ababa; 2005.
63. Ministry of Health – Ethiopia. Essential health services package of Ethiopia. Ethiopia: Addis Ababa; 2019.
64. PEPFAR. Ethiopia country operational plan (COP): strategic direction summary 2022.
65. Federal Democratic Republic of Ethiopia Ministry of Health. Report on progress towards implementation of the declaration of commitment on HIV/AIDS: reporting period: January 2003–December 2005. HAPCO: Addis Ababa, Ethiopia; 2006.
66. Federal Democratic Republic of Ethiopia. Country progress report on HIV/AIDS response. Ethiopia: Addis Ababa; 2012.
67. Federal Ministry of Health. Strategic plan II: for intensifying multisectoral HIV and AIDS response in Ethiopia (2010/11 – 2014/15). Addis Ababa2010.
68. Ministry of Health HIV/AIDS Prevention and Controls Office. Ethiopian strategic plan for intensifying multisectorial HIV/AIDS response (2004–2008). Addis Ababa: Ethiopia; 2004.
69. PEPFAR US president's emergency plan for AIDS relief. Ethiopia country operational plan COP 2021 strategic direction summary. 2021.
70. Ethiopian Federal HIV/AIDS Prevention and Control Office. HIV and AIDS mainstreaming implementation manual. Ethiopia: Ministry of Health; 2011.
71. CETU-HIV/AIDS Project Office. Workplace HIV/AIDS policy-guideline Addis Ababa October 2001.
72. Whitehead M. The concepts and principles of equity and health. Int J Health Serv. 1992;22(3):429–45.
73. Kranich N. Equality and equity of access: What's the difference. 2005.
74. UNAIDS. Global AIDS Strategy 2021–2026: end inequalities. End AIDS. Geneva, Switzerland.
75. PEPFAR. Reimagining PEPFAR's strategic direction fulfilling America's promise to end the HIV/AIDS pandemic by 2030. 2022.
76. World Health Organization. Estimated antiretroviral therapy coverage among people living with HIV [Internet]. Geneva: World Health Organization; 2023.
77. World Health Organization. Number of new HIV infections [Internet]. Geneva: World Health Organization; 2023.
78. Assefa Y, Woldeyohannes S, Cullerton K, Gilks CF, Reid S, Van Damme W. Attributes of national governance for an effective response to public

health emergencies: lessons from the response to the COVID-19 pandemic. J Global Health. 2022;12:05021.
79. Frank C, Molnar F. Dementia care in acute care settings: failing to plan for dementia is planning to fail. Can Fam Physician. 2022;68(1):25–6.
80. World Health Organization. Participation as a driver of health equity Denmark: World Health Organization Regional Office for Europe. Geneva: World Health Organization; 2019.
81. United Nations Economic and Social Commission for Asia and the Pacific. What is good governance? Bangkok Thailand: UNESCAP.
82. Labonté R. Health systems governance for health equity: critical reflections. Rev Salud Publica (Bogota). 2010;12(Suppl 1):62–76.
83. Pittman P, Chen C, Erikson C, Salsberg E, Luo Q, Vichare A, et al. Health workforce for health equity. Med Care. 2021;59(10 Suppl 5):S405.
84. Hsiao W, Liu Y. Health care financing: assessing its relationship to health equity. Challe Inequities Health Ethics Action. 2001;261:275.
85. Rostampour M, Nosratnejad S. A systematic review of equity in healthcare financing in low-and middle-income countries. Value Health Reg Issues. 2020;21:133–40.
86. Zhang X, Hailu B, Tabor DC, Gold R, Sayre MH, Sim I, et al. Role of health information technology in addressing health disparities: patient, clinician, and system perspectives. Med Care. 2019;57(62):115.
87. Kuhlmann E, Annandale E. Gender and healthcare policy. Cham: Springer; 2015.
88. World Health Organization. Mainstreaming gender equity in health: the need to move forward: Madrid Statement. Geneva: World Health Organization; 2002.
89. United Nations. Transforming our world: the 2030 agenda for sustainable development 2015. https://sustainabledevelopment.un.org/post2015/transformingourworld/publication. Accessed 26 June 2022]
90. UNPRPD and UN WOMEN. Intersectionality resource guide and toolkit: an intersectional approach to leave no one behind. United Nations: USA
91. HIV/AIDS Prevention and Control Office. Multisectoral plan of action for universal access to HIV prevention, treatment, care and support in Ethiopia 2007–2010. Addis Ababa, Ethiopia 2007.
92. Federal HIV/AIDS Prevention and Control Office. HIV/AIDS national strategic plan for Ethiopia 2021–2025. Addis Ababa, Ethiopia.
93. Beyene GG. Never the twain shall mix: AIDS patients' rejection of antiretroviral drugs in favor of Christian holy water in Ethiopia: University of Oregon; 2022.
94. Berhanu Z. Holy water as an intervention for HIV/AIDS in Ethiopia. J HIV AIDS Soc Serv. 2010;9(3):240–60.
95. Rono J, Kamau L, Mangwana J, Waruguru J, Aluoch P, Njoroge M. A policy analysis of policies and strategic plans on maternal, newborn and child health in Ethiopia. Int J Equity Health. 2022;21(1):73.

Publisher's Note