



FMOH

**Expanding Access to Pediatric HIV/AIDS
Care and Treatment in Ethiopia:
*Challenges and Prospects***



ICAP

**HIV Testing in ANC:
How Can we Increase Uptake?**

**PRACTICAL LESSONS
NIGAT PROJECT**

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NIGAT Uptake Experience

Feb 01- Nov 05	BLH	GMH	SPH	HCs	Total
Approached	5607	6195	4316	23594	39712
Screened	4295	4444	3438	21493	33670
Acceptance Rate	76.6%	71.7%	79.6%	91.1%	84.8%

***Partner testing routinely low (<10%): fear of stigma,
abandonment**

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Provider Initiated Counseling & Testing Approach

- ANC setting: group health education in waiting area
- Each mother individually receives pre-test counseling (opts out if not interested)
- Linkage with AIDS Resource Center:
 - PMTCT related job aids & educational materials & condoms for distribution

DECREASING MATERNAL REFUSAL

- Minimize additional steps
 - ANC physician/Counselor/Phlebotomist/Counselor (use same room)
- Maintenance of privacy/confidentiality
 - Service provision and record keeping
- Once seropositivity confirmed, mother receives NVP tab from pharmacy the same day

COORDINATION

- System needs to be in place, with good coordination and communication (physician, counselor, laboratory and pharmacy)
- Labor and Delivery is another entry point that needs to be linked
 - Stock to be maintained in labor ward
- NIGAT: open label mothers & infants receive NVP if they say they are sero+
(In future, should have possibility of conducting rapid tests in L&D to confirm)

TRAINING

- Routinely conducting training of all staff members (high turnover rate)
- Refresher training at least annually for existing staff
- Regular monitoring and supervision activities necessary

SUPPLY & DATA MANAGEMENT

- Supply: maintain consistent supply chain and have in place a system of notification and supervision to prevent stock-out
- Data Management: rigorous data recording using standard MOH endorsed guidelines and log books

BARRIERS ENCOUNTERED

- Health professional perception requires adjustment and commitment needs to be strengthened
 - ANC:
 - PMTCT as routine antenatal care
 - Counseling requires intensive supervision to avoid imposing personal views (breast milk vs formula feeding)
 - L&D:
 - Fear of increased HIV exposure
 - NVP resistance

SOLUTIONS IMPLEMENTED

- Continuous refresher training and awareness building with each new wave of residents and other medical staff
- Active implementation plan and monitoring and supervision
- Inter-linkage of departments with active and regular communication

NEXT STEPS

- Standardizing interpretation & implementation of national guideline at facility level
 - Drug dosing (pediatric)
 - Timing of drug dispensing
 - Data recording and reporting
 - Supply chain
- Care and f/up of HIV exposed infants needs to be in place (patient tracking mechanism)

For more information, please contact:

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