



FMOH

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



ICAP

**Provider-Initiated Testing: Normalizing  
HIV Testing in Clinical Settings**

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**Addis Ababa, Ethiopia  
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# UNAIDS/WHO recommended the four types of HIV Testing and Counseling

- Client Initiated
  - Voluntary Counseling and Testing
- Provider initiated
  - Routine offer of HIV testing by health care providers
  - Diagnostic HIV testing
  - Mandatory testing

# Multiple Models of HIV Counseling and Testing Services

Different:	Voluntary Counseling and Testing	Service Delivery Options:
Purposes and Objectives	Prevention of Mother to Child Transmission	Multiple Models Single Setting
Messages	Couple HIV Counseling and Testing	Integrated Services
Psychosocial, Clinical, Developmental and Risk Issues	Counseling and Testing Services for Youth	Stand Alone Services
Emphasis	Counseling and Testing for Vulnerable Populations	Outreach and Mobile Services
Target Populations	Family Based Counseling and Testing	Clinic Based Services
Protocols	Routine Diagnostic and Clinical Testing	Counselor
Skills and Training Requirements		Health Care Worker
		Multidisciplinary Team

A strategic mix of different approaches to counseling and testing will likely have the greatest benefits.

## National VCT sites (Updated June 05)

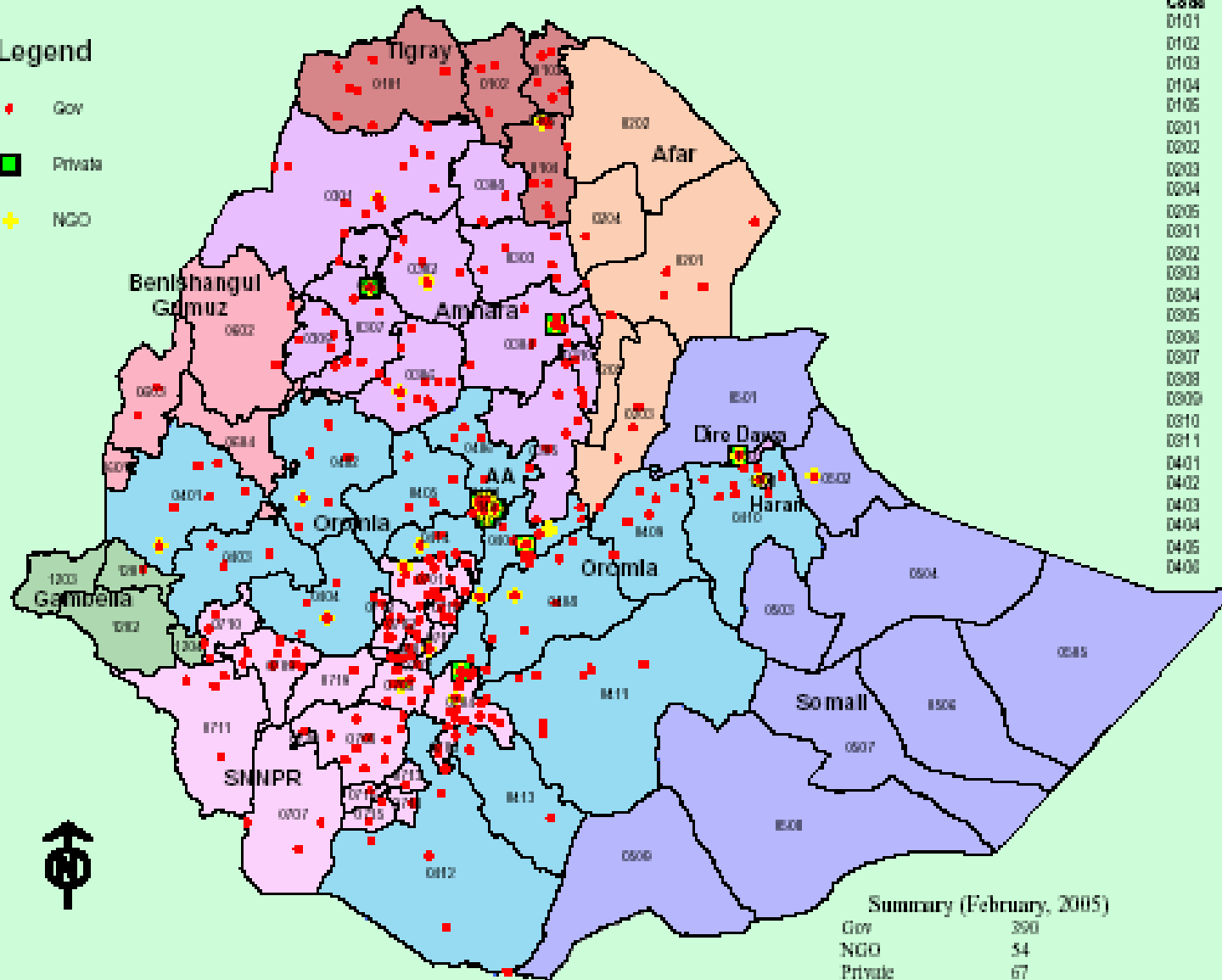
Region/Institutions	Hospitals	Health Centers	NGO	Private	Total Functional sites	Remark
AA	5	25	12	52	100	
Amhara	16	86	8	6	126	
Benshngul G.	2				2	
Dire Dawa	1	1	1		3	
Harar	5		2	1	8	
SNNPR	14	84	18	1	114	32 new sites opened after March
Somali	1		1		1	
Tigrai	12	36	5	5	58	
Afar	1	7	5		14	
Oromyia	21	83	5		109	
Gambella	1				1	
Police	2				2	
Military	9				9	
Federal AAU Hospital	2				2	

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# Voluntary Counseling and Testing Sites

## Legend

- Gov
- Private
- + NGO



Code	Zone	Code	Zone
0101	W. Tigray	0407	E. Shewa
0102	C. Tigray	0408	Arsi
0103	E. Tigray	0409	W. Harerge
0104	S. Tigray	0410	E. Harerge
0105	Mekale	0411	Bale
0201	Zone1	0412	Borana
0202	Zone2	0413	Gujj
0203	Zone3	0414	S.W. Shewa
0204	Zone4	0501	Shinke
0205	Zone5	0502	Jijiga
0301	N. Gonder	0503	Fik
0302	S. Gonder	0504	Dagelhabur
0303	N. Wollo	0505	Wander
0304	S. Wollo	0506	Konkha
0305	N. Shewa (R3)	0507	Gode
0306	E. Gojam	0508	Afder
0307	W. Gojam	0509	Liben
0308	W. Hamra	0601	Tango SW
0309	Agaw Awi	0602	Mekkiel
0310	Oromiya	0603	Aansa
0311	Bahir Dar	0604	Kamashi
0401	W. Wellega	0701	Guraga
0402	E. Wellega	0702	Hadiya
0403	Ilubabor	0703	KT
0404	Jimma	0704	Sidama
0405	West Shewa	0705	Geddo
0406	N. Shewa (R4)	0706	Welayita
		0707	South Omo
		0708	Gama Gofa
		0709	Kaffa
		0710	Sheka
		0711	Bench Maji
		0712	Yam SW
		0713	Arara SW
		0714	Burji SW
		0715	Konso SW
		0716	Dinasha SW
		0717	Alaba SW
		0718	Seli
		0719	Dawro
		0720	Barkata SW
		1201	Zone 1
		1202	Zone 2
		1203	Zone 3
		1204	Godera
		1301	Harar/Hundera
		1401	AA Zone1
		1402	AA Zone2
		1403	AA Zone3

## Summary (February, 2005)

Gov	390
NGO	54
Private	67
Zones Covered	67 out of 80

# Differences Between VCT and Provider-Initiated HIV CT Services

## VCT

- Individual chooses to seek HIV CT
- First user of the test result is the client who uses the information to make personal life decisions
- Counseling focuses on addressing risk behavior and risk reduction
- Anonymous or confidential services may be offered

## Provider-Initiated

- Individual is seeking medical care
- HIV CT recommended and offered by HCW
- First user of the test result is the health care worker to make a correct diagnosis and provide appropriate treatment
- Services provided are confidential and documented in medical record to ensure continuity of care

# Provider-Initiated HIV Counseling and Testing Services – Definitions

- Diagnostic – Patient presents with symptoms that may be attributable to HIV or has an illness associated with HIV, and diagnosis and clinical management of the patient is influenced by the diagnosis of HIV.
- Routine – HIV testing is offered as part of the clinical evaluation of all patients in settings where HIV is prevalent.
- “Opt-in” – HIV test is routinely recommended and *offered* to each patient and the patient explicitly consents to receive the HIV test.
- “Opt-out” – HIV test is routinely recommended and *provided* to each patient and the patient is informed of his/her right to refuse the test

# HIV Counseling and Testing: Realities and Challenges

- Large numbers of people will need to be tested in order to identify persons eligible for ARV treatment.
- Access to testing will need to be expanded exponentially.
- In scaling-up CT services, priority sites must be settings where infected persons who are eligible for ARV treatment are likely to be identified.
- There are significant human resources limitations—particularly the availability of health care workers and trained counselors.
- Given the large volume of patients seen in clinical facilities and human resource constraints, an integrated HIV CT service delivery model seems the most practical

# HIV Counseling and Testing: Realities and Challenges

- Within an integrated model, the health care provider will need to be the point of service delivery:
  - Offer and recommend testing;
  - Provide results;
- Time required for traditional “pre-test” counseling cannot be an obstacle in clinical settings to patient access to HIV testing, care, and treatment services.
- A “quick start” approach to training staff may be needed and training time reduced to limit provider time away from clinical settings.

# Programmatic Advantages of Provider-Initiated HIV CT

- Normalizes HIV CT in the clinic, health care facility and the community
- HIV testing becomes the standard of care
- Provides an alternative and feasible model for delivering HIV CT services in a clinical setting
- Increases uptake of HIV CT services
- Identifies ARV eligible clients
- Improves management of OI and HIV disease

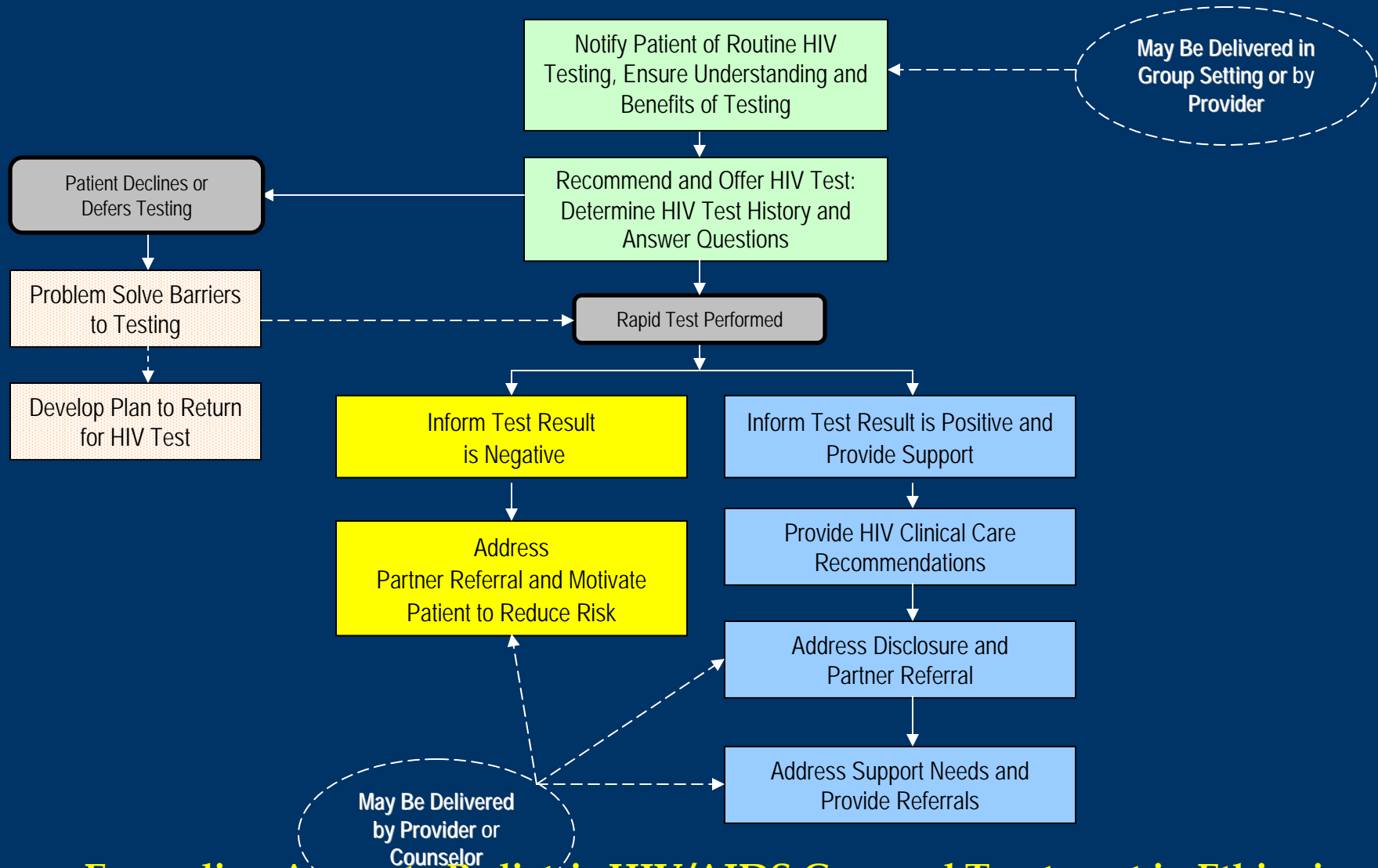
# Facility, Provider, and Patient Advantages of Provider-Initiated HIV CT

- Utilizes and builds on health care workers' training, existing skills, and experience
- Health care providers' recommendations to patients for HIV testing are credible, influential, and effective
- Offers services in the context of a trusted provider-patient relationship
- Facilitates patient access to and acceptance of HIV CT services
- Increases opportunity to provide comprehensive clinical care and to ensure continuity of care
- Less stigma

# Proposed Provider-Initiated HIV Counseling and Testing Protocol

- Consistent with WHO guiding principles and UNAIDS/WHO policy statement on counseling and testing (3Cs- Confidentiality, Counseling and Consent)
- Provider initiates - recommends and offers the HIV test
- Pre-test session is primarily information and education - presented in an encouraging and motivational manner
- Accommodates “opt-in” and “opt-out” models of consent
- Post-test counseling tailored to patient’s HIV test result

# Provider-Initiated HIV Counseling and Testing



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# Operational and Implementation Issues

- Patient volume and provider workload
- Patient flow – waiting room and group education, point of service
- Space – privacy and confidentiality
- Type of HIV tests and testing algorithm
- Test quality control and reference laboratory services
- Test kit procurement and inventory control
- Where test will be performed and by whom
- Supply chain of consumables

# Provider Issues

- Overcoming resistance, changing paradigms, and getting “buy-in”
- Workload – additional responsibility without incentive
- Lack of confidence in their ability to deal with “counseling” issues
  - Fear patients will have overwhelming emotional reactions
  - Discomfort talking about sexual issues associated with HIV
  - Concern that receiving HIV test results will overburden patient – stigma of HIV and TB
  - Simply not knowing where to start or what to say
- Provider HIV anxiety – concerns about their personal and occupational risks – resistance to receive HIV test

# Provider Training

- Estimate 3 days course - minimize time away from clinical duties while allowing enough time to fully obtain buy-in from and empower providers
- Job aids - pictorial message based flip charts, cue cards, scripts, brochures
- Course topics:
  - Background and rationale for provider initiated HIV CT
  - Reinforcement of existing skills and experience
  - Basic counseling skills
  - Protocol for provider initiated HIV CT
  - Role plays - recommending HIV, providing HIV negative and positive results
  - Review tests and testing algorithm
  - Clinical care recommendations
  - Enhancing continuity of clinical care across specialty clinics
  - Working with counselors and other multidisciplinary team members
  - Providing linkages to preventative health services, support and community resources

# Clients Received VCT services By Sex March 2003 – June 2005

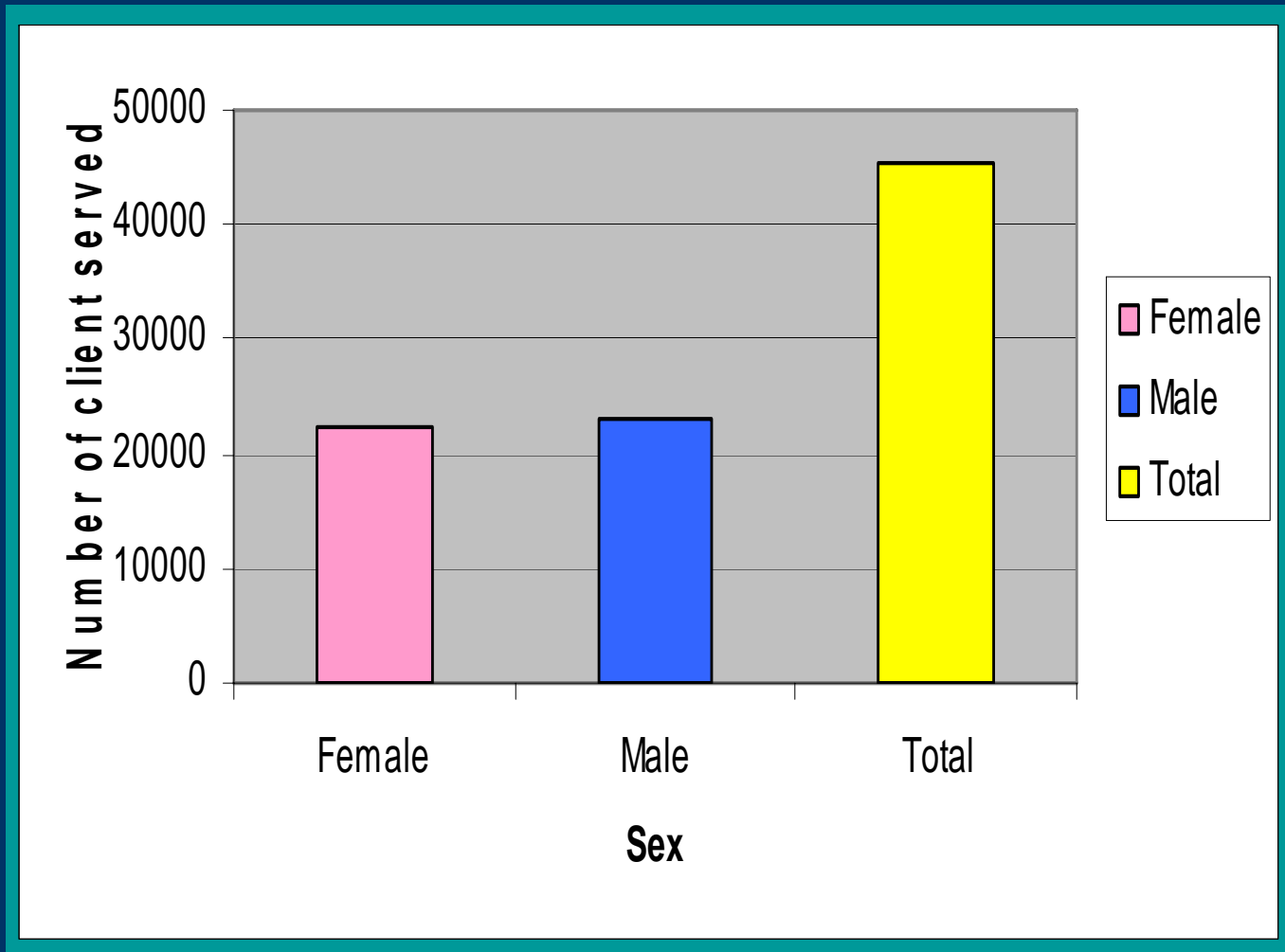
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Clients served in  
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Female – 22400

Male – 22 940

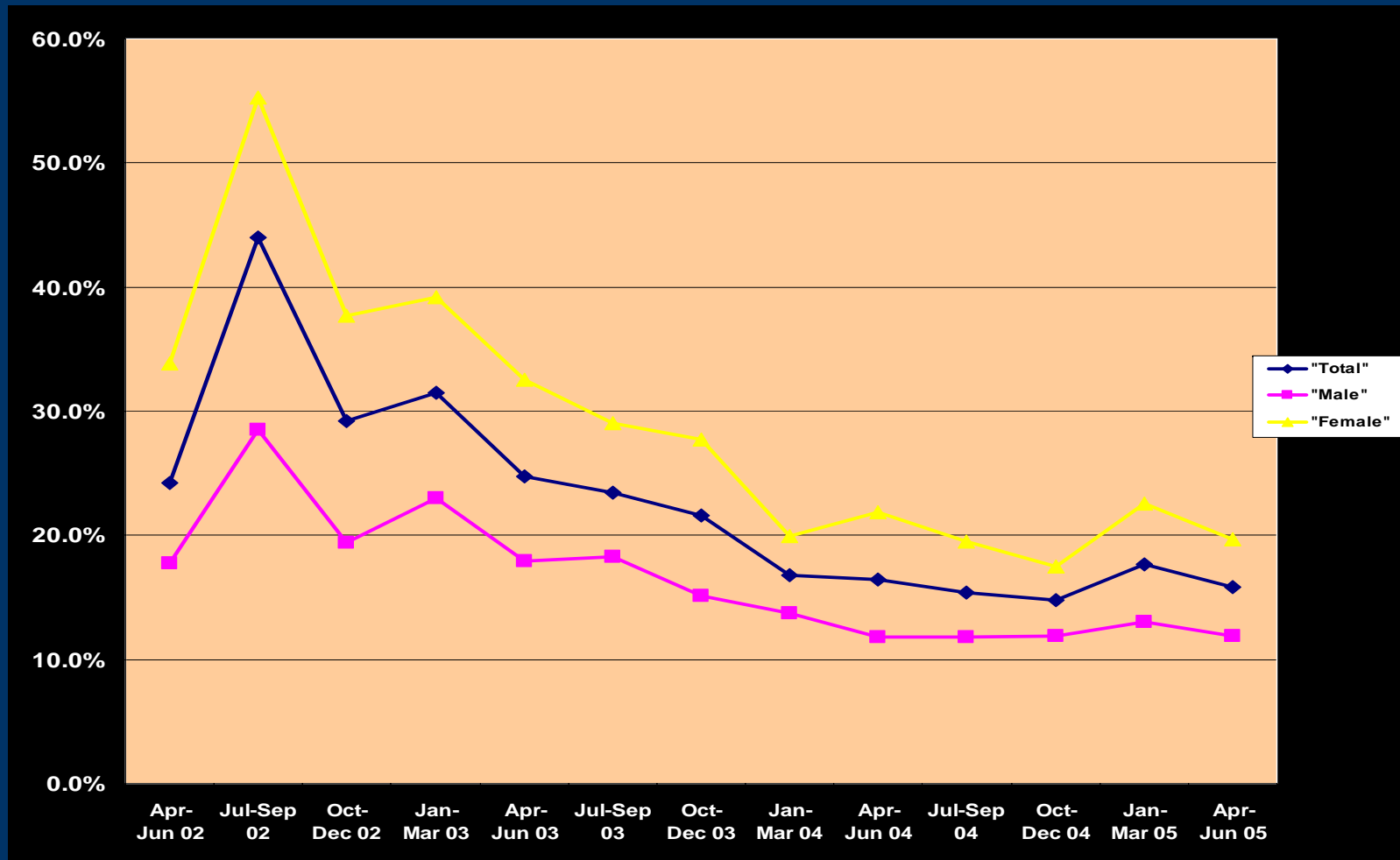
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# Trend of HIV Prevalence By Sex (By Quarter from April 2002-June 2005)



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# Pediatric HIV Testing

- *Reason for HIV testing*
  - Illness, Exposed to HIV such as sexually abused, Adoption, as part Family HIV testing
- Counseling testing include
  - Obtain consent for HIV testing from parents or guardian
  - Discuss about the implication of HIV test result
    - Reaction parents to knowing child's status.
    - Parent's plan for HIV testing in case the test result becomes positive.
- Do children have a right to know their HIV status?
  - Depend on their age, maturity and understanding capacity.



# Create HIV Free Generation



Source  
Jan van den Hombergh

Thank You

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