

# Counseling and Testing of Ethiopian Women with Unknown HIV Status at Delivery: A Window of Opportunity

Zenebe Melaku<sup>1</sup>, Abel Melkamu<sup>2</sup>, Taye Tolera<sup>3</sup>, Getachew Tizazu<sup>1</sup>, Addis Alemu<sup>1</sup>, Nurelign Gashu<sup>1</sup>,  
Mengistu Tafesse, Tsegaye Awano, Ayele Zewde, Miriam Rabkin<sup>3</sup>

<sup>1</sup>Columbia University's International Center for AIDS Care and Treatment Programs (ICAP-CU), Addis Ababa, Ethiopia

<sup>2</sup>Dil-Chora Hospital, Dire Dawa, Ethiopia, <sup>3</sup>Oromia Regional Health Bureau, Ethiopia

<sup>3</sup>Columbia University's International Center for AIDS Care and Treatment Programs (ICAP-CU) NY, USA

## OBJECTIVES

- Ethiopia's National PMTCT program, initiated in 2003, is designed to identify HIV-infected pregnant women receiving antenatal care (ANC) and to provide services to them and their infants.
- However, only 40% of pregnant women in Ethiopia access ANC, and only 10% deliver in a health facility. Only 1/3 of women presenting to hospitals in labor have received any ANC services, and even fewer know their HIV status at the time of delivery.
- This presents a significant barrier to uptake of services and has limited the number of Ethiopian women receiving PMTCT.
- We describe the initial results of a pilot program to assess the feasibility and acceptability of intrapartum counseling and testing at 34 hospitals in Ethiopia.

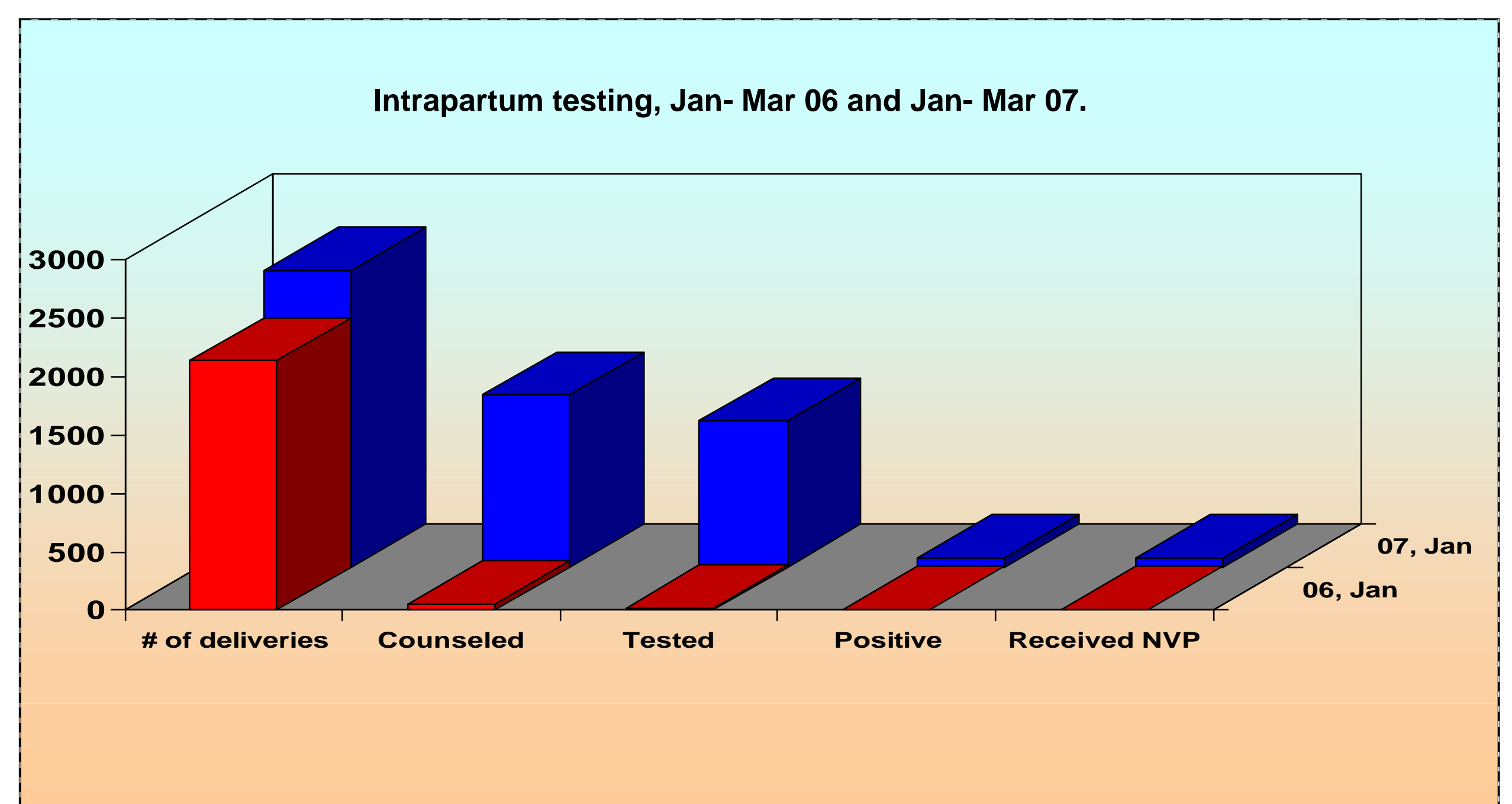
## RESULTS

Retrospective review of charts and registers at the 36 hospitals providing intrapartum HCT was conducted. Results include:

- The cumulative proportion of women counseled about HIV testing during the intrapartum period increased from < 1% in the 1st quarter of 2006 to 70.7% by end-2006.
  - 6,226 women in labor were identified as "unknown HIV status"
  - Testing was offered to 4,405 (70.7%) of these women.
  - 3,680 (83.5%) were tested and received their results.
  - 182 women (4.9%) were HIV-infected;
  - Uptake of SD-NVP among these mothers was 100%.
  - Similarly, NVP syrup was administered postpartum to all infants.
- Challenges included: motivating staff, responding to high staff turn-over, improving record keeping, and ensuring same-hour HIV results.

## METHODS

- Columbia University's International Center for AIDS Care and Treatment Programs (ICAP-CU) supports comprehensive HIV/AIDS prevention, care, and treatment services at 36 rural and semi-urban hospitals in four regions in Ethiopia. Facility-level support for PMTCT services was initiated in April, 2006
- At that time, PMTCT services in the labor ward consisted of passive identification of HIV-infected women tested during ANC with and provision of single-dose nevirapine (SD-NVP) as per the National guidelines.
- Recognizing the barriers to PMTCT uptake caused by limited access to ANC services, ICAP-Ethiopia introduced and expanded opt-out point-of-service HIV counseling and testing (HCT) to women in labor and delivery wards and maternity wards.
- In collaboration with the Federal Ministry of Health and Regional Health Bureaus, ICAP:
  - Conducted on-site and off-site training of providers in the labor ward;
  - Facilitated creation of space for confidential counseling;
  - Developed and introduced appropriate forms and registers;
  - Provided regular on-site clinical mentorship and supportive supervision, and;
  - Initiated opt-out HCT via same-hour point-of-service testing in labor wards and maternities.
- We report the results of intrapartum HCT at these ICAP-supported sites.



## CONCLUSIONS

- ? Provision of intrapartum HCT services at the hospital level is feasible, acceptable, and results in high uptake of ARV prophylaxis in women who would otherwise be missed.
- ? Widespread implementation of this strategy offers a window of opportunity to expand HCT and PMTCT services in Ethiopia.
- ? In Ethiopia, where uptake of ANC is very low, the labor and delivery and maternity wards serve as a key entry point at which to identify HIV infected women and engage them and their families in prevention, care and treatment services.
- ? Additional strategies to increase access to PMTCT are needed, for the 90% of pregnant women in Ethiopia who deliver outside of health facilities.

## ACKNOWLEDGEMENTS

Columbia University's ICAP Ethiopia Program is funded by PEPFAR through CDC Ethiopia. We thank our donors, colleagues, and the staff and patients at ICAP-supported sites.