

## Provider-Initiated HIV Counseling and Testing for TB Patients Increases Access to HIV Care & Treatment : The ICAP-E Experience

Zenebe Melaku<sup>1</sup>, Eyesusawit Shewangizaw<sup>1</sup>, Ezra Shimeles<sup>1</sup>, Taye Tolera<sup>2</sup>, Getachew Tizazu<sup>1</sup>, Addis Alemu<sup>1</sup>, Nurelign Gashu<sup>1</sup>,  
Ayele Zewde<sup>1</sup>, Miriam Rabkin<sup>3</sup>, Simon Tsiouris<sup>3</sup>

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

<sup>2</sup>Oromia Regional Health Bureau, Addis Ababa, Ethiopia

<sup>3</sup>Columbia University's International Center for AIDS Care & Treatment Programs (ICAP), New York, USA

### OBJECTIVES

- Ethiopia has generalized HIV and TB epidemics.
- In January 2005, the Ministry of Health (MOH) initiated a free national ART program.
- Significant progress made since the national free ART program began in January 05.
- Recognizing that its TB program provides an opportunity to identify and support PLWHA, the MOH published a national implementation guideline on TB/HIV collaboration in July 2005.
- Columbia University's International Center for AIDS Care & Treatment Programs (ICAP) funded through PEPFAR/CDC-Ethiopia supports comprehensive HIV care and treatment at 35 public hospitals in Ethiopia.
- We describe initial results from the first eight sites to launch ICAP-supported TB/HIV services.

### RESULTS

- In October 2005, 317 new TB patients of unknown HIV serostatus were registered at the TB clinics of the 8 hospitals where the PIHCT progress was reported. 75/317 (24%) received counseling and testing services (HCT); 15/75 were HIV-infected but only 2 (13%) were enrolled in HIV care.
- By December 2006, of 626 new TB patients of unknown serostatus, 530 (85%) received HCT and 65 (12%) were HIV-infected. Fifty nine patients (91%) were started on cotrimoxazole prophylaxis (CPT) and 51 (79%) were enrolled in HIV care and treatment.
- Over a period of one year and six months the proportion of new TB patients counseled and tested for HIV increased from 24% to 85%, the proportion of TB/HIV co-infected patients enrolled in care increased from 13% to 79%, and the proportion receiving CPT increased from <1% to 91%.

### METHODS

ICAP-Columbia initiated TB/HIV services in 4/06. The major activities carries out include:

- HIV and TB clinic staff were trained in optimal management of co-infected patients, provider-initiated HIV counseling and testing (PIHCT), and proper documentation of TB/HIV services.
- Provider support tools that are meant to serve as quick reference ad reminder of routine PIHCT and TB screening were developed by ICAP and distributed to all sites.
- Staff received ongoing clinical mentoring and supportive supervision by ICAP Clinical Advisors.
- Multidisciplinary team meetings were initiated, and intra-facility linkages were enhanced to ensure that co-infected patients were rapidly referred from TB clinic to HIV clinic.
- Recording and reporting system strengthened..

- Challenges included: Staff working in the TB clinic burdened with increased workload due to introduction of PIHCT and the need to motivate providers, suboptimal record keeping and reporting, lack of continuity of supply (test kits, co-trimoxzole), and the historically vertical nature of the two programs.

### CONCLUSIONS

- The introduction of TB/HIV services had a dramatic impact at the pilot sites in increasing the up take to ART services. Administration of cotrimoxazole preventive therapy at TB clinic creates tremendous opportunity to improve the quality of life of the dually infected people. Integration of TB and HIV services is a feasible, acceptable, and highly effective approach to linking potentially vertical programs with overlapping patient populations.
- Widespread implementation of this strategy offers an opportunity to expand access to HIV Care and Treatment in Ethiopia
- Concurrent support for staffing, supplies and laboratory services should be provided. Regular supportive mentorship and establishment of strong monitoring and evaluation system should be part and parcel of the collaborative activities.

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