



Providers in private practices are indispensable to achieving the targets for triple 90 in HIV epidemic control: Experiences from Private Health Sector Project in Ethiopia

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Background: In Ethiopia, only 60% of people living with HIV (PLWH) know their HIV status and 62% of PLWH are receiving anti-retroviral treatment (ART). To address these gaps and achieve UNAIDS 90-90-90 targets, the government is implementing a catch-up initiative. To support this initiative, the USAID-funded Private Health Sector Project (PHSP) is engaging private health facilities to deliver quality affordable HIV services in seven regions throughout Ethiopia using Public-Private Mix (PPM) approaches. The purpose of this review is to share experiences and outcomes in scaling up HIV services in private health facilities over the past year.

Description: PHSP provides technical assistance, including training, mentoring, supportive supervision, quality assurance including monthly performance monitoring, and ensuring supply of commodities and tools to 242 private health facilities. 75/242 of the facilities provide ART and 167/242 of the facilities refer diagnosed HIV clients to facilities where ART is provided.

Lessons learned: From October 2016 to September 2017, the facilities provided HIV Testing Service (HTS) to 270,274 (59.1% female) people and identified 7,233 (56.1% female) new HIV clients. The HIV positivity was 2.7% (2.5% in female vs 2.9% in male, $p < 0.0001$). The contribution of PITC, VCT, PMTCT, and TB to HTS were 58%, 32%, 10% and 1%, respectively. The HIV positivity was 3% from PITC, 2.5% from VCT, 1.1% ANC/PMTCT, and 13.2% from TB. HIV positivity by age categories were 2% (< 15yr), 1% (15-24 yr), 3.4% (25-49 yr.) and 4.1% (≥ 50 yr.). Only 25.8%, (1,864/7,233) HIV-infected clients were initiated on ART and the rest (74.2%) were referred to public health facilities. PHSP introduced a linkage confirmation mechanism to help providers confirm linkage to ART through telephone calls to clients and health facility staff or by receiving written referral feedback. This strategy improved the linkage confirmation rate from 54% at the end of September 2016 to 89% by September 2017.

Conclusions/Next steps: Based on these findings, engaging private health facilities is essential to achieve 90-90-90 targets to reach HIV epidemic control. Furthermore, the high positivity rate indicates that high risk populations may prefer private health services and requires further analysis to better understand preferences for accessing HIV care and treatment.

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