

ETHIOPIA

Reaching Key Populations through Home-Based HIV Testing & Counseling by Urban Health Extension Professionals in Ethiopia

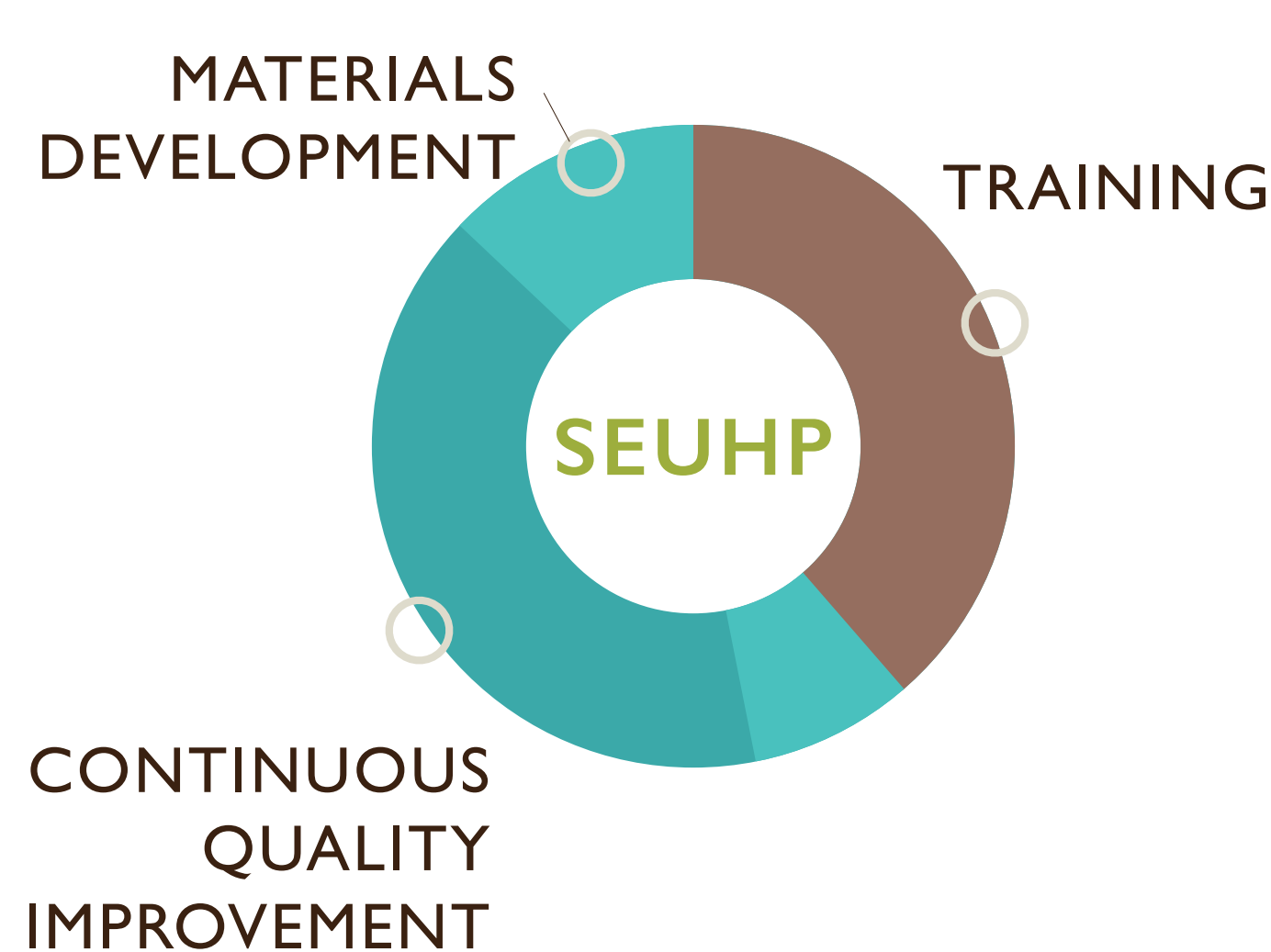
HOME-BASED TESTING & COUNSELING 01

Home-based HIV testing and counseling (HBHTC) is a widely accepted strategy for countries seeking to expand HTC. HIV testing and counseling at the household level addresses logistical barriers, increases access to needed services, and potentially reduces stigma.



The Strengthening Ethiopia's Urban Health Program (SEUHP)

provides HBHTC focused capacity building support such as materials development, training, and continuous quality improvement for urban health extension professionals.



DEMONSTRATING THE ADVANTAGE OF HOME-BASED HTC 02

In Ethiopia, although home-based HTC has been offered as a component of the Urban Health Extension Program (UHEP) package of services, some Regional Health Bureaus were reluctant to include HBHTC in the service package because of concerns regarding the quality of services provided by urban health extension professionals (UHE-ps).

SEUHP demonstrated the advantage of using these professionals to expand access to home-based HTC to reach hard-to-reach key population groups such as discordant couples, widows, pregnant women, and out-of-school youth.



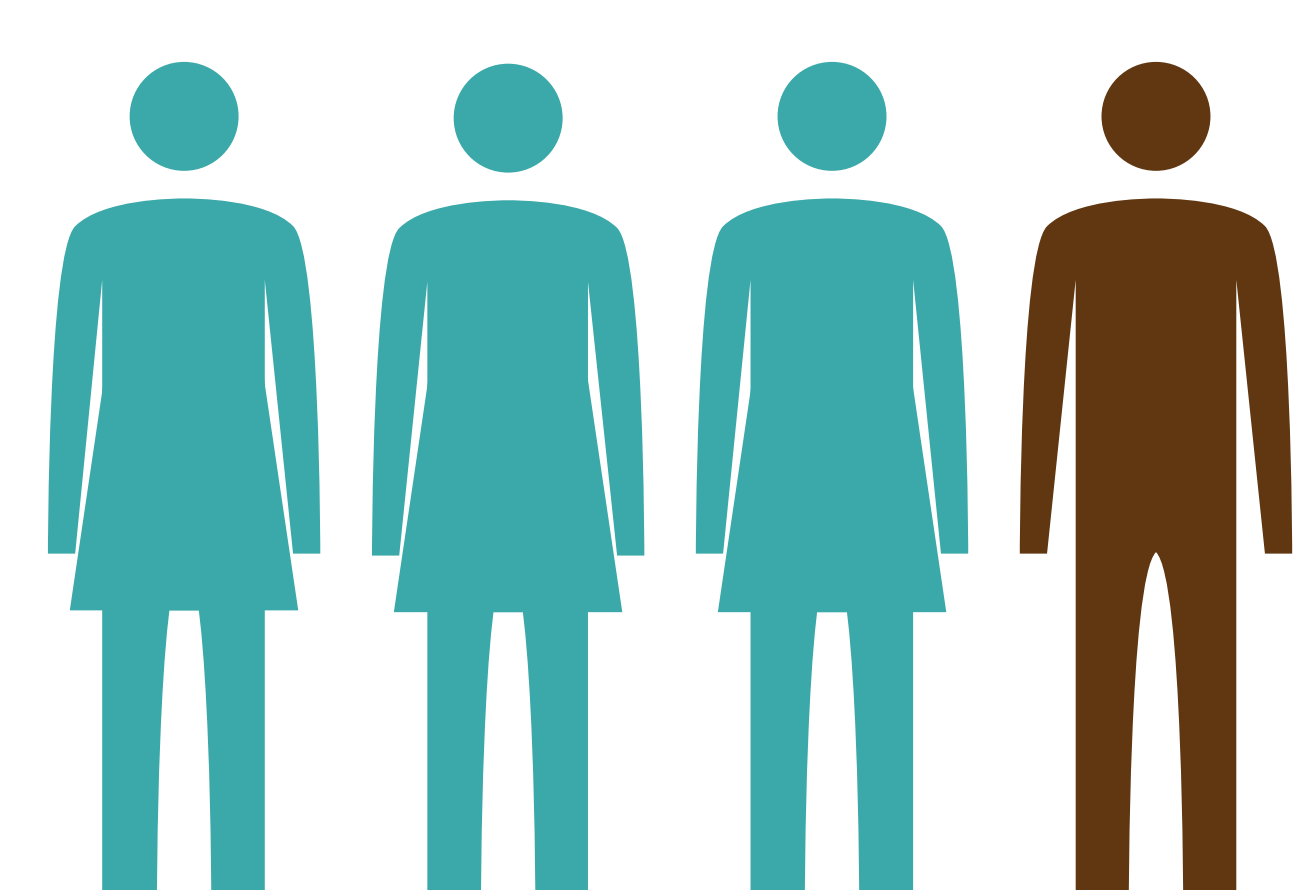
TARGETING KEY URBAN GROUPS



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FINDINGS 03

Nearly **3 out of 4** of those who were HIV positive—56 or 73.7%—were female.

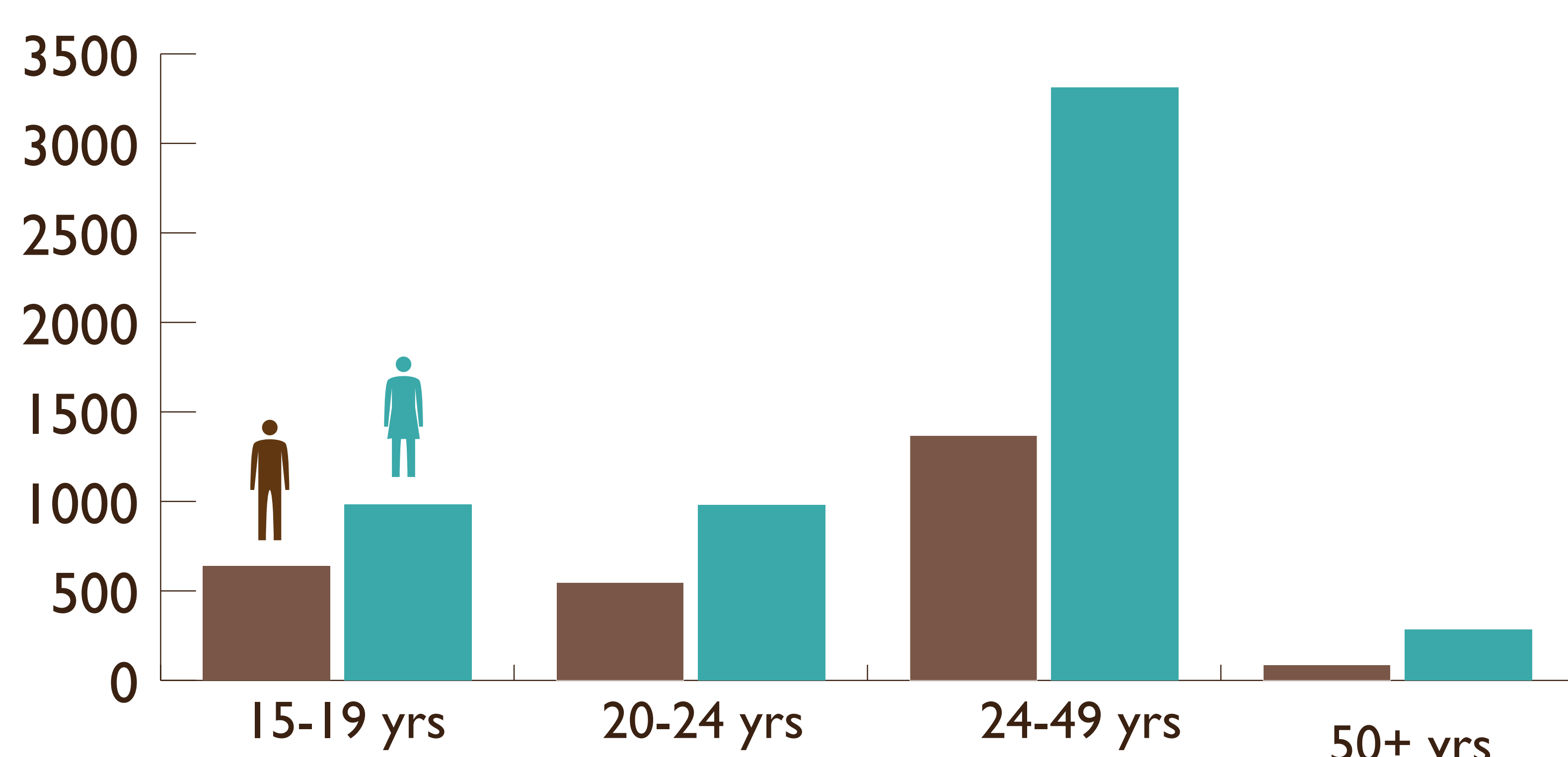


8,198 individuals received HBHTC from urban health extension professionals.

5,557 (67.8%), were female.

76 individuals (0.9%) tested positive for HIV and linked to ART clinic and other social services.

After demonstrating the efficacy of HBHTC, this approach has been included in the UHEP service packages in all Ethiopian regions.



TOWN RESIDENTS WHO RECEIVED HBHTC BY GENDER & AGE

ETHIOPIA, October 2013 - December 2015

LESSONS:

To increase access to HIV counseling and testing services:

Targeted identification of specific populations is crucial.

Comprehensive mapping of local health and social service providers is needed.

Developing guidelines for integrating home-based HTC with other community-based health initiatives helps urban health extension professionals as they expand their services.

Developing supervision guidelines for UHE-ps strengthens quality of care.

CONCLUSION:

In Ethiopia, the implementation of the UHEP created opportunities to expand access to HTC services.

Home-based HTC is a less controlled and more complex intervention than facility-based HTC and the quality of HBHTC is therefore a concern.

Key strategies to address quality issues in HBHTC—such as proficiency testing, external quality assessment, and supervision systems—should be in place.

Further study is needed to better understand the level of the acceptance of HBHTC urban populations.

Ethiopia must develop a home-based HTC policy to guide proper service planning and implementation.

