

Operations Research Brief: Implications of adopting the World Health Organization's 2010 guidelines for ART initiation at public health centers in Ethiopia

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Implications of adopting the World Health Organization's 2010 guidelines for ART initiation at public health centers in Ethiopia



This brief summarizes the findings of a rapid study on the number of HIV patients who would start antiretroviral therapy (ART) at public health centers if Ethiopia were to adopt the 2010 World Health Organization (WHO) guidelines for ART initiation. CD4 test data were reviewed from 9,842 pre-ART and ART patients (age range 6–88 years) at 19 high patient load health centers (HC) in Addis Ababa and the regions of Amhara, Oromia, SNNPR, and Tigray between April and May 2010. Data validation was done for 7,000 patient records one month following data collection. Financial implications were assessed using current information on the cost of ART per patient per year.

Background

While its HIV prevalence of 2.1 percent remains relatively low, Ethiopia is home to an estimated 1.2 million HIV-positive people. Less than one-third of them is enrolled on comprehensive care and support services, and only 62 percent of those who need ART are on it, despite unprecedented government efforts in the past four years to rapidly scale up comprehensive HIV and AIDS care throughout the country. Unlike some neighboring countries, Ethiopia does not face major shortages of antiretroviral medicines (ARVs). Rather, the unmet need for ART is, in part, related to challenges faced by the health system in general and limited capacity and resources to follow up on and monitor newly identified HIV-positive patients in particular.

In 2010, WHO issued new guidelines that called for initiating ART for patients with a CD4 cell count ≤ 350 , instead of the previously indicated cutoff point of a CD4 count ≤ 200 . The new guidelines would place more people on ART and thus necessitate health services to absorb a higher ART patient load and conduct more CD4 counts on pre-ART patients. This calls into question whether adoption of the WHO guidelines

is feasible and affordable in resource-poor settings like Ethiopia, where the previous WHO guidelines still applied as of the close of the USAID HIV/AIDS Care and Support Program (HCSP).

Key Findings

- A total of 9,824 HIV-positive patients (male 3,283; female 6,533; sex unknown 8) were enrolled on care and support at the 19 health centers at the time of data collection.
- Among them 5,066 patients were pre-ART and not yet taking ART (male 1,613; female 3,446; sex unknown 7).
- The remaining 4,758 patients (48.4%) were on ART (male 1,670; female 3,087; sex unknown 1).
- CD4 test results were recorded for 79.6 percent of all patients ever enrolled on pre-ART and for 79.0 percent of patients currently on ART.
- Among the patients for whom CD4 data were available, 3,583 met the national guidelines for ART initiation of a CD4 cell count ≤ 200 .
- Under the new WHO guidelines, the 1,057 asymptomatic patients with a CD4 count between 200 and 350 would also need ART and, all else being equal, the total ART patient load at the 19 ART health centers would increase from 3,583 to 4,640, a 30 percent increase.

Discussion

- Ethiopia is rapidly expanding comprehensive HIV services to health centers, thereby offloading patients from hospitals and making services available to many more HIV-positive people in the country.
- Even with the current national guidelines of a CD4 cell count ≤ 200 , a significant number of HIV patients who need ART are not yet accessing it.
- Based on the number currently enrolled on ART, this study showed that adoption of the 2010 WHO guidelines would increase the ART patient load by 30 percent.

- Assuming that the distribution of CD4 counts found at health centers is also applicable to the many HIV patients who need but are not taking ART, this 30 percent increase remains valid, even if the current unmet need for ART were to be met.

Implications

- Adopting the new WHO guidelines in Ethiopia will result in a 30 percent increase in ART patients at public health centers.
- A 30 percent higher ART patient load has significant cost and logistical implications for Ethiopia that must be weighed against the limited absorptive capacity of the health system and its service providers.
- With an average cost to treat a patient with ART estimated at US\$470 per year, Ethiopia would need approximately US\$127 million per year, up from US\$97.6 million, to meet the need for ART among HIV patients currently enrolled on care and support at its public health centers.

This synopsis is based on research conducted by the following HCSP team members: Yirga Ambaw (now with USAID/Ethiopia), Tesfaye Arega, Bud Crandall, and Elke Konings

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