

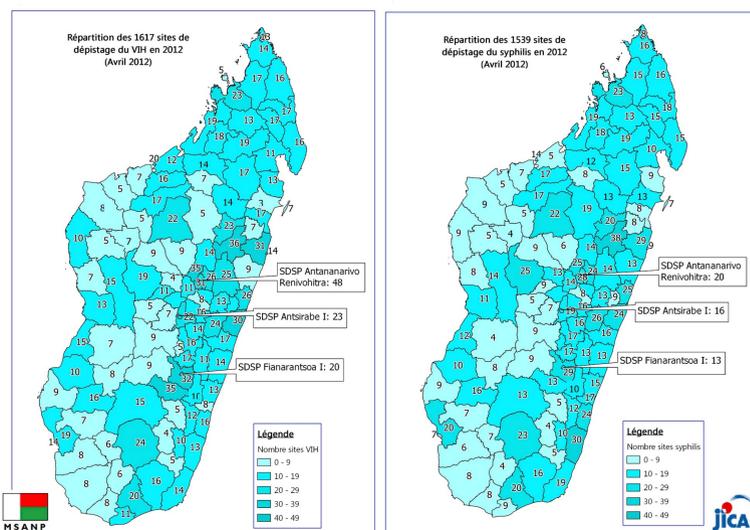
Autours : Okayasu Toshiharu¹, Andrianalibera Mamitiana Robinson², Robinson Andrianirina Roland², Rahevivololona Rasoamanandray Evelyne Georgette², Vony Soa Haritra Harimanana Jullie², Ralifah Noeline², Randriamilahatra Emma², Razafimpananona Narison², Raharolahy Nirisoa², Kashima Saori³, Furukawa Kae¹

¹ JICA Madagascar, Antananarivo, Madagascar, ² National AIDS Program, Ministry of Public Health, Antananarivo, Madagascar

³ Department of Public Health and Health Policy, Hiroshima University Graduate School of Biomedical Sciences, Hiroshima, Japan

Background

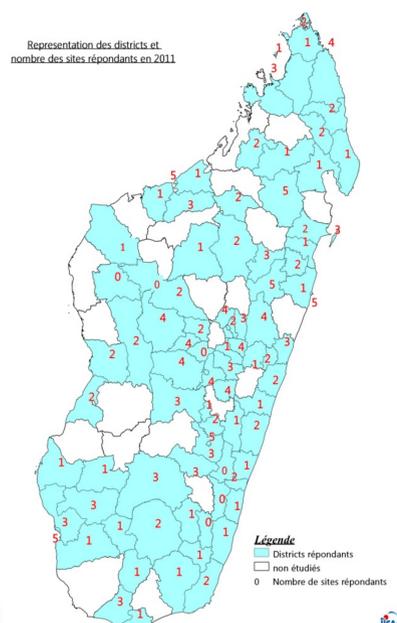
The Ministry of Public Health has decided to integrate HIV testing services into minimum service package for health facilities since 2009. The donors and the ministry have realized National wide trainings to integrate HIV and syphilis testing services for health facilities in all of 112 districts during 2010 and the first half 2011. The national survey for HIV testing services has been conducted in 2011 by National AIDS program on collaboration with JICA HIV Prevention Strengthening Project.



HIV testing sites (left) and Syphilis testing sites (right) per district in 2012

Methods

This is a descriptive and analytical study with the structured questionnaires for health services providers. The questionnaires collected from 202 sites randomly selected, or 14.2% of health facilities providing HIV testing services at the moment of the study.



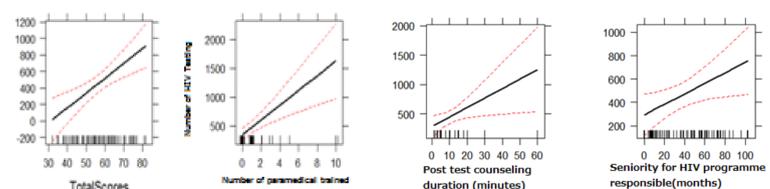
Number of HIV testing sites responded per district

Results

Among HIV positive pregnant women, there are only 33% (16/49) completed the ARV prophylaxis. There are only 27% (53/196) of sites that have gained higher notes than 75% of total notes of the norms checklist created by the Ministry of Public Health.

With the analysis of multiple linear regression, the number of HIV testing in a health center for the first half of 2011 is statistically linked with the total score of norms checklist ($p < 0.01$), the number of trained paramedics ($p < 0.01$), the duration of post-test counseling ($p < 0.05$) and seniority to the testing service responsibility ($p < 0.05$) ($p < 0.01$, R square = 0.388).

Independent Variables	Coefficients of partial regression	Coefficients of standard regression	t value	p value	Interval Confidence (IC) 95%		Inflation of factor variance
					lower	Upper	
Constant	-997.063	NA	-3.648	$P < 0.001$	-1539.774	-454.353	NA
Total Score total of check-list	17.925	0.314	3.624	$P < 0.001$	8.105	27.745	1.155
Nombre of paramédicals participated in HIV and Syphilis trainings en 2010	127.990	0.310	3.630	$P < 0.001$	57.981	197.999	1.121
La Duration of post test Counseling post test (minute)	16.135	0.189	2.229	$P < 0.05$	1,765	30,504	1.103
seniority as responsible for HIV services (month)	4.482	0.190	2.213	$P < 0.05$	0.461	8.503	1.134



Conclusion:

The efforts to improve the score of norms are needed. The selection of trainees should be paid attention. The linkage between testing services and medical care should be still reinforced.

