

CHILDREN AND HIV
CLOSING THE GAP - ENDING
VERTICAL TRANSMISSION
THROUGH COMMUNITY ACTION

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Country Profile



- Population : 20 million
- About the size of California
- Central African country
- Just north of the equator
- Dry season November-March
- Wet season April-October
- Tropical climate
- Languages-French and English, Pidgin, 200 Tribal languages
- Life expectancy at birth m/f (years) : 51/51
- Total expenditure on health as % of GDP (2009): 5.6
- Prevalence of HIV: 4.3 % in the general population (2011, DHS IV)

Background

- CBCHB is a faith based organization which provides health services through six hospitals, 26 integrated health centers and 50 primary health centers in six of the ten regions of Cameroon.
- CBCHB runs a comprehensive HIV and AIDS program with 13 sub-components, a central pharmacy, services for people with disability, a private training school for health personnel, etc
- PMTCT is major HIV program and is enhanced by several community based activities

CBCHS PMTCT Program

- Started in Feb 2000 with support from Elizabeth Glaser Pediatric AIDS Foundation
- 453 sites in 6 of the 10 regions (see Map) by 2011
- Reached over 650,000 women by Dec 2011 with HIV testing with about 40,000 HIV +
- Strong focus on children but little success



WHY FOCUS ON CHILDREN

- 90% of children get HIV from HIV positive mothers during pregnancy, childbirth and breastfeeding
- HIV infection is more aggressive among children than adults, half die by age 2
- In highly-endemic areas, children present for care much later, as late as at ages 5-6 years
- Mortality for children born to HIV+ mothers is higher than children born to HIV- mothers.
- Elimination of MTCT is feasible.

Where and why are the gaps?

There is:

- Insufficient sustained leadership action
- insufficient private sector involvement
- Insufficient coordination of country action plans
- Poor distribution of PMTCT commodities
- Low national investment in PMTCT
- Poor infrastructure for service delivery
- Inadequate or no counseling
- Insufficient ARV uptake with high loss to follow-up (mothers and babies)

- **COMMUNITY ACTIVITIES THE CBCHB IS USING TO CLOSE THE GAPS**

Community Activities initiated -1

1. Mobilization of the community for PMTCT

- Outreach into remote communities for education on HIV through public lectures, talks in groups, door-to-door visits, messages in churches, etc
- VCT campaigns organized in various communities with high acceptance and uptake

• Outcome

- High acceptance (over 95%) noticed in HIV testing at health facilities.
- HIV and AIDS committees formed in churches

Church Members being educated on HIV and AIDS



Community Activities initiated -2

2. **Support Groups for PLWHIV**

- Initiated in 2003
- Total of 88 community and facility based groups formed
- Meet monthly to share experiences/updates, review activities and encourage each other
- Over 5,000 members in male and female only groups or mixed groups.

Outcome

- Experience sharing leading to reduced self stigmatization and improved adherence to care.
- Group meetings gave an opportunity for follow-up of clients and their infants
- Members currently carryout sensitization and mobilization to support PLWHA

Community Activities initiated - 3

3. Support groups/clubs for children living with HIV

- Five groups with 150 children as members formed
- Carry out sensitization and advocacy in churches, government offices, etc using songs, poems and drama.

Outcome

- Children give the message out better than adults to communities on the plight of children living with HIV
- Increased support and commitment from community members

Children's HIV support group



Community Activities initiated - 4

4. Use of Trained Birth Attendants (TBAs) to provide PMTCT in rural areas

- Trusted members of the community identified and trained to function as TBAs
- TBAs trained to provide counseling and testing of pregnant women during ANC
- HIV positive clients referred to higher level facilities for further management

Outcome

Thousands of women in areas with no health facilities reached with PMTCT services

Community Activities initiated - 5

5. **Use of Peer Educators for follow-up**

Trusted members of the community are identified and trained to follow-up HIV positive clients who do not return for care

A stipend provided to cover transport cost and telephone cost

Follow-up done through home visits and phone calls where possible

Outcome

Increased client adherence to care and treatment

Increased uptake of prophylaxis

Community Activities initiated - 6

6. Contact Tracing/Partner Notification

- Staff trained from 2007 as Health Advisers (HAs) and drilled on tools and protocols.
- HAs are mostly counsellors and PLWHIV
- Women who test positive (index person) at ANCs are linked to a health adviser on the day of diagnosis
- Women who give consent to participate are interviewed for information on their sexual contacts for the last 3 years
- The index case agrees with the HA as to who will inform the contacts (the index or the HA)

- Sexual contacts are identified and confidentially informed of their exposure to HIV and tested.
- Those who test positive are interviewed for their sexual contacts and linked to care and treatment.
- Those who test negative are informed on the window period and encouraged to repeat the test
- Cell phones are very useful to establish contact and take appointments
- This strategy also targets youths and high risk groups in the communities

Outcome of PN

- Helps to break the transmission chain
- Improves disclosure of results especially to difficult spouses.
- Improves male involvement in PMTCT and in linking both spouses to care and treatment
- Helps contacts to know their status and seek care early

Lessons learned from PN

- Contact tracing and partner notification which has been practiced only in the west in the past has proven to be feasible in Africa.
- People newly diagnosed with HIV need a lot of support and counselling which PN provides.
- In the final analysis everyone in the community wants to know their HIV status but needs assurance of confidentiality which PN provides
- PN, as community strategy, seems to have the potential to change sexual behaviour positively

- CHALLENGES FOR FUTURE ACTIONS

Challenges for future action

- **In order to close the present gaps, the civil society should:**
 - sensitize leaders at all levels to support PMTCT services.
 - hold governments and implementing partners accountable for PMTCT funds. This can be done through constructive advocacy and partnerships.
 - provide leadership and innovation in programme delivery, for example through task shifting and task sharing.
 - strengthen the engagement of women living with HIV, men and couples in HIV prevention and treatment programmes for mothers and children

Future challenges

- **In order to close the present gaps, the civil society should:**
 - participate in the design, implementation, monitoring and evaluation of HIV prevention and treatment services.
 - establish community accountability structures for feedback, communication and problem-solving between women's groups, local communities, community-based and faith-based service providers and state-provided health leaders.
 - Continue in their advocacy to demand concrete action by governments and donors agencies to support women, children and communities in their struggle for good health and MTCT elimination.
 - Participate in infrastructure development to take care of mothers' and children's health.
 - Lobby on a continuous basis to ensure that there is regular supply of ARVs especially in rural health facilities.

Conclusion

- There are gaps in PMTCT services that need to be identified and effort made to close.
- We need the full collaboration of government and civil society to close the gaps in PMTCT services.
- Reduce the many promises and slogans and implement the existing policies and plans of actions.
- Sustain the supply of ARVs in all health facilities.
- Implement all four PMTCT prongs to reach elimination of MTCT of HIV by 2015.
- As we meet in Washington this year, let's all say "yes we can". Can we? "YES WE CAN".

Thank you