

Linking HIV-exposed babies to HIV services through existing Health Programmes – an effective strategy from Tamil Nadu, India



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Overview

- Introduction – HIV epidemic, programmes in state, uptake of services,
- General Health programme, uptake of services
- Issue ?????
- State's response pilot initiative
- Result of initiative
- Lessons Learnt
- Way forward

Tamil Nadu

TN is the one of the southern most states in the country .

Official language – Tamil

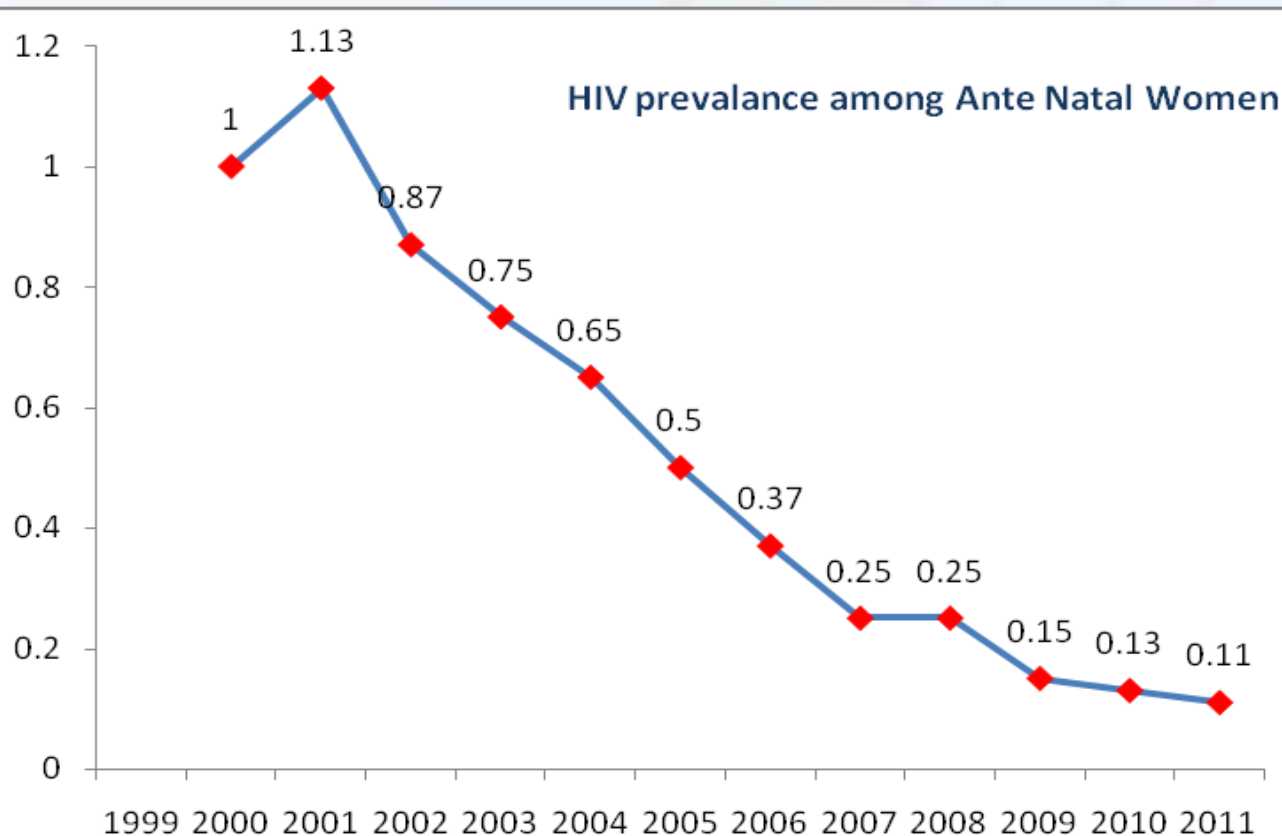
Population - 72 million

It has 32 districts



HIV Epidemic in Tamil Nadu

- Over the decade, the HIV epidemic steadily decreasing
- Annual estimate HIV-positive pregnant women 2750, exposed babies 825



Key

1999-2005 HIV
Sentinel Surveillance

2009-11 State
Programme data

2013- 0.08%

Programme in the state for HIV services - women & children

1. **The Prevention-of-Parent-To-Child–Transmission (PPTCT)** programme primarily public sector & private (via) public-private partnership (PPPs)
 - Covers the ante-natal women, post-natal women, babies
2. **General programme** – Other non-pregnant women & children above 18 months

PPTCT programme

ANC care / During labor care / PNC Care

- ▶ HIV counseling & post-consent testing
- ▶ Relevant referrals – TB, STI, Delivery, Infant feeding etc.
- ▶ Linkage with Care, Support, Treatment, Welfare schemes etc

Exposed babies (starting @ 6 weeks of age)

- ▶ Early Infant Diagnosis
- ▶ Cotrimoxazole Prophylaxis Therapy
- ▶ Initiation on ART

** All these services are free-of-cost at public facilities & PPPs*

Average uptake of services in the past years

- Annual **antenatal HIV test coverage** – Around **80%** of the pregnant women
- **Anti-Retroviral coverage** of Mother-Baby pair **85%**
- **Early infant diagnosis @ 6 weeks** of age quite low as **45%**
- **Co-trimoxazole Therapy** around **70%**

Reasons for low uptake of baby-services

- Local cultural practices around pregnancy like confinement of mother-baby duo at home for atleast 3-6 months post-delivery
- Myth that Baby is very young/small & serious services(HIV) to be postponed
- Frequency of repeated pricks (DBS, WBS), amount of blood drawn frightened families
- Loss-of-follow-up / missing-out by Field Health workers

Current status of State's General Health indicators (Public/Prvt.)

- Ante-natal Registration at facilities above 95%
- Institutional deliveries above 90%
- Immunization rates of babies above 90%

Routine National Immunization schedule in the first few months ;

-at-birth immunizations (BCG, Oral Polio 0 dose)

*- **6 weeks of age (Pentavalent 1 dose, Oral Polio 1 dose)***

-10 weeks of age (Pentavalent 2 dose, Oral Polio 2 dose)

-14 weeks of age (Pentavalent 3 dose, Oral Polio 3 dose)



???

- HIV services to exposed babies – need strengthening

- General Health Services – Good coverage

State pilot initiative

HIV-related services to exposed babies **linked**
to the State's General Health Programme
(the day mothers come for **immunization**,
EID & CPT is also given to Baby)



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- *Meticulous, individual baby service-delivery by field workers (Out-Reach Workers/ORWs)*
- *“Mothers’ accompaniment” for services by ORWs*
- *Custom-made tracking mechanism of loss-to-follow-up babies*
- *Use of technology like SMS/ calls on mobile phones for reminders before date of EID/CPT/ART issue*
- *Home-visits by ORWs*

Result

Indicator	Before 2012	2012-13	2013-14 (average)
Babies initiated on CPT	70%	84%	90%
Babies tested @ 6 weeks of age (EID)	45%	83%	90%

Lessons learnt

- Linking HIV programmes to Health Programmes is beneficial
- **Repeated capacity-building** along with meticulous, custom-made strategies of service–delivery to babies enhances the uptake
- **Support from local groups** like Self-Help Groups,
- **local campaigns**
- Use of technology like **SMS/calls** for reminders of services/appointment dates to mothers



Way forward for the state

- Individual HIV programme to be suspended and to be included as a part of the State Maternal Child Health(MCH) programme
- HIV services to be catered by General Health Care Providers (via) the General Health System itself
- The enormous General Health staff including field workers to be sensitized on the sensitivity of HIV services and eventual rendering as a part of MCH service itself.

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ஆரோக்கியமான
குழந்தை பெற ஆசையா?
நம்பிக்கை மையம் வாருங்கள்!



ஆரோக்கியமான
குழந்தை
நம் பொறுப்பு!



பெற்றோர்-சேய்
நலத்திட்டத்தின் மூலம்
ஆரோக்கியமான குழந்தையை
பெற்றெடுங்கள்.

நம்பிக்கை மையம்

- அனைத்து அரசு மருத்துவக் கல்லூரி
மருத்துவமனைகள்
- மாவட்டத் தலைமை அரசு
மருத்துவமனைகள்
- ஆரம்ப சுகாதார மையங்கள்
ஆகிய இடங்களில் உள்ளன

Uniting with
parents to
bring HIV-free
babies in
Tamil Nadu



Healthy Baby
is our
Responsibility



தமிழ்நாடு மாநில எய்ட்ஸ் கட்டுப்பாடு சங்கம்,
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