



Towards

ZERO

New **HIV** Infections
Among Children in Tanzania



Background

The world has an unprecedented opportunity to make new HIV infections among children a history. Tanzania is moving towards implementing the global plan to eliminate HIV in children.

Getting to Zero: What is it?

The situation where no new HIV infections occur in children born by HIV positive mothers and no child should be born or acquire HIV from their mother when there are available interventions that can prevent them from getting infected. Evidence shows that timely administration of antiretroviral drugs to HIV-positive pregnant women significantly reduces the risk of HIV transmission to their babies. It is a proven, inexpensive, and effective intervention we can all contribute towards.

Elimination of new HIV infections among children by 2015 and keeping their mothers alive.

Global attention has for some time focused on prevention of mother to child transmission (PMTCT) of HIV as an essential means of making progress towards reducing child mortality (Millennium Development Goals 4). Recently, there has been a shift to recognising that improving maternal health (MDG5) and preventing and treating HIV (MDG 6) impact on child survival (MDG 4).

Building on the past progress and success of country led national PMTCT programmes, there is renewed global consensus that the world must now strive towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive. These joint goals can be achieved at country level through concerted efforts by various stakeholders to ensure that:

1. Women of reproductive age (15-49 years) are protected from HIV and remain HIV negative during pregnancy, delivery and post-delivery.
2. HIV infected women have access to services that will prevent unintended pregnancies.
3. HIV infected pregnant women have access to antiretroviral (ARV) drugs that prevent HIV infection from being passed on to their babies during pregnancy, delivery and breastfeeding.
4. Women and children living with HIV and their families have access to HIV care, treatment and support services.

What is the situation in Tanzania?

- Tanzania is one of the 20 high HIV burden countries in sub-Saharan Africa. There are 1.4 million people living with HIV in Tanzania – about 6 people in every 100 people are infected.
- There are 160,000 children under the age of 15 years living with HIV in Tanzania and 80% (128,000) get the HIV virus from their mothers during pregnancy, delivery and breastfeeding.
- Every year, about 122,000 HIV infected pregnant women give birth. With the current interventions to prevent transmission of HIV from mother to baby, The transmission rate of HIV among infants has been reduced from 40% to 26% equivalent to 31,575 children tested HIV positive

What have we done so far to prevent transmission of HIV from mother to child in Tanzania?

PMTCT services have been implemented in the country since 2000 and a lot of progress has been made since then. By December 2011, 93% of all health facilities providing reproductive health services were also providing PMTCT services.

These services are offered within the Maternal, Newborn and Child Health platform through antenatal clinics, maternity wards, post natal clinics, under-five clinics and other services targeting women and children reaching about 71% of all HIV positive pregnant women with ARVs. In addition there were 1,660 health facilities offering early testing of HIV for babies; an effective way of getting HIV infected babies and children on treatment early. Tanzania has seen major progress in preventing transmission of HIV from mother to child and following the children up. Such progress, however has often been uneven, not reached all women and children in need and have not addressed all the major interventions that will contribute to eMTCT agenda.



What is the goal for Tanzania?

Our goal is to eliminate new HIV infections in children and keeping their mothers alive by 2015 in Tanzania.

- **Target:** Reduce the number of children getting infected from their mother by age of one year from 26% in 2011 to at least 4% in 2015.

What can we do to reach this goal?

- Achievement of the goal needs various stakeholders to take an active role. We need to do things differently and have investments and strong commitment at all levels from household to national level. Each key player has their roles and responsibilities

Roles and Responsibilities for key stakeholders Ministry of Health and Social Welfare

- Ensure overall coordination and oversight of elimination of mother to child transmission of HIV and services for children in all health facilities at all levels.
- Ensure adequate number and skills of health care workers in health facilities
- Ensure uninterrupted supply of HIV commodities (HIV test kits for children and adults, ARV drugs and laboratory supplies).
- Improve access to HIV services to the rural and difficult to reach areas through mobile and outreach services.
- Mobilise people and resources to scale up the national, regional and local response

Political and Local Government Leaders

- Make eMTCT a priority agenda in planning, meetings and resource allocation at national, regional, district, Ward and Village levels.
- Provide financial support to facilitate access to services at the different levels for the hard to reach areas through provision of transport for mobile/outreach clinics.
- Mobilise people to access eMTCT and paediatric care and treatment services in respective regions, districts, constituencies, wards, villages.
- In collaboration with Ministry of Health and Social Welfare and health facilities, take stock of performance of the eMTCT programme/services in respective regions, districts, constituencies, wards, villages.
- Create accountability structures where progress on achieving eMTCT targets is reviewed and solutions to improve situations made at regions, districts, constituencies, wards, villages.
- Take lead in promoting male involvement in maternal and child health programmes including eMTCT.

Media Sector

- Support the dissemination of consistent and accurate messages on elimination of new HIV infections in children targeting various groups of people
- Engage the audiences
 - **On radio and television** - guiding discussions, taking SMS comments and flashing back to the audience. Invite technical experts; refer people for further information to the nearby health facility.
 - **On Newspapers** – journalists are expected to use available platforms from their newspapers and magazine to disseminate accurate information on eMTCT. Engage technical experts.

Private Sector

- Support advocacy and eMTCT community mobilisation campaign using various channels relevant to the specific private sector institutions.
- Provide financial support to facilitate access to services by women especially those in hard to reach areas through provision of transport for mobile/outreach clinics
- Health system strengthening through provision of equipment, supplies and drugs that will contribute to achievement of eMTCT targets.
- Play their role of corporate social responsibility to the community by contributing to achievement of eMTCT targets.



Faith Based Leaders and Community Leaders

- Provide information on eMTCT and maternal and child health during meetings and on one to one basis.
- Encourage Male involvement in the Maternal and Child Health services. Men influence women's access to and utilization RCH clinics and HIV services.
- Promote Couple HIV counselling and testing to increase awareness of HIV, foster mutual disclosure and to enhance uptake of services.
- Engage the community in addressing cultural and social economic factors that keep low utilization of Health facilities.

Challenges to Ending New HIV Infection Amongst Children

- Early infant diagnosis of HIV is challenged by both frequent interruption of supply of DBS Kits, few trained personnel, limited availability of PCR machines or laboratory network and lack of availability of Early Infant Diagnosis (EID) services in PMTCT facilities which are more than ART sites where services tend to be available. As a results, 70% of health facilities do not provide EID services and 43% of HIV exposed infants do not receive any prophylaxis to prevent mother to child transmission (MTCT). On the other hand only 21% HIV exposed infants access EID (PMTCT reports 2010). 57% of HIV exposed infants receive ARVs to prevent MTCT.
- Only 43% of pregnant women attend 4 ANC visits
- Only 50% of pregnant women deliver at facility with skilled personnel thus missing the opportunity for PMTCT services
- Inadequate community support and male engagement in RCH/PMTCT services
- Stigma, Discrimination and Gender based violence continue to prevail



Keep the Promise! Invest Now! Let's Eliminate Together

Together we can STOP New HIV infection among children and keep their mothers alive through pregnancy, delivery and breastfeeding. We have an amazing opportunity to change the world today. Imagine babies born free from HIV smiling in their parents' arms. We can make it a reality everywhere in Tanzania.

Call to Action

1. For as little as US\$3, you can provide an HIV test for a pregnant woman and her spouse, the essential first step in preventing a child from being born with HIV.”
2. “For less than US\$ 5 a year, you can provide cotrimoxazole-a common antibiotic drug-to a child who is living with HIV or who has been exposed to HIV to protect against opportunistic infections.”
3. For as little as US\$ 80, you can provide an HIV test for a pregnant woman and the necessary drugs that can stop a child from being born with HIV.
4. Your gift of US\$ 40 provides HIV testing in the first weeks of life for a child born to a mother living with HIV, the essential first step to putting a child on life saving drugs if found to be infected with HIV.
5. Your gift of US\$ 35 can provide treatment to help keep a child infected with HIV alive for one year.
6. “Your gift of US\$ 110 can provide all the necessary tests and drugs that can stop a child from being born with HIV and provide follow up care and treatment for that child in one year.”
7. With your donation of US\$ 40 per year, you can support one woman to get all the psychosocial support and facilitate follow up care to receive all the necessary interventions to prevent transmission of HIV to child.
8. Your contribution of US\$ 250 can increase awareness on eMTCT services for over 10,000 people through various channels. Cost of PMTCT/EID training for a health worker.
9. With US\$ 350 you can cover the cost of 10 days training for one health worker to provide eMTCT and early infant diagnosis services to over 1,000 pregnant women and their babies per year.



New **HIV** Infections
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Wajibu wa mjamzito

- Anza kuhudhuria kliniki mapema mara unapojihisi mjamzito
- Pima VVU wakati wa ujauzito na kama utakuwa na maambukizi pata huduma ya kuzuia maambukizi ya VVU kwa mtoto (PMTCT)
- Hakikisha unahudhuria kliniki kama utakavyoelekezwa na wataalamu wa afya

Wajibu wa mwenzi wa mjamzito

- Hudhuria pamoja na mwenzi wako katika kliniki ya afya ya uzazi na mtoto kama mtakavyoelekezwa na wataalamu wa afya
- Pata unasihi na pima VVU pamoja na mwenzi
- Hakikisha mwenzi wako anajifungulia katika kituo cha huduma za afya
- Zingatia njia ya ulishaji mtoto mchanga mliyoichagua
- Hakikisha mwenzi wako mjamzito anakunywa dawa za ARV kulingana na maelekezo ya mtaalamu wa afya.
- Hakikisha kuwa mtoto wenu anapimwa VVU mapema

Wajibu wa familia na jamii

- Kila mwanajamii ana jukumu la kufahamu hali yake ya maambukizi ya VVU ili kutambua namna ya kujikinga na kuwakinga wengine
- Kuhamasisha wajawazito kuhudhuria kliniki ya afya ya uzazi na mtoto
- Kuhakikisha kuwa wajawazito wenye VVU wanatumia dawa kama walivyo shauriwa na watoa huduma za afya
- Hakikisha kuwa mjamzito anajifungulia katika kituo cha huduma za afya
- Washauri na kuwahamasisha wenzi wenye VVU ili watumie huduma ya kumkinga mtoto dhidi ya maambukizi ya VVU (PMTCT)
- Tuwasaidie watoto, wanawake na wanaume wenye VVU na kupunguza unyanyapaa dhidi yao
- Hakikisha watoto wenye umri chini ya miaka mitano wanahudhuria kliniki ya afya ya uzazi na mtoto kama inavyoshauriwa na watoa huduma za afya



Wizara ya Afya na Ustawi wa Jamii

ZERO

VVU kwa Watoto
Tanzania



TOKOMEZA MAAMBUKIZI MAPYA YA VVU KWA WATOTO

PIMA MAPEMA, ANZA TIBA MAPEMA, TOKOMEZA
VVU KWA WATOTO

Kwa maelezo zaidi tembelea kliniki ya afya ya uzazi na mtoto iliyo karibu nawe.
Kipeperushi hiki kimetolewa na Wizara ya Afya na Ustawi wa Jamii, kupitia Kitengo cha PMTCT, S.L.P 9083 Dar es Salaam.



unicef

Utangulizi

UKIMWI ni tatizo kubwa nchini Tanzania ambalo huathiri watu wa rika zote wakiwemo watoto wachanga.

Mama mwenye maambukizi ya VVU anaweza kumuambukiza mtoto wake VVU wakati wa ujauzito, wakati wa kujifungua na wakati wa kunyonyesha.

Kutokana na takwimu za mwaka 2011, inakadiriwa kuwa watoto 31,575 (26%) waliambukizwa VVU.

Wizara ya Afya na Ustawi wa Jamii ina mkakati wa kupunguza maambukizi ya VVU kwa watoto toka asilimia 26(%) hadi kufikia pungufu ya asilimia 5(%) ifikapo 2015

Huduma za kuzuia maambukizi ya Virusi vya UKIMWI kutoka kwa mama kwenda kwa mtoto (PMTCT)

Hatua ya kwanza katika kuzuia maambukizi ya VVU toka kwa mama kwenda kwa mtoto ni kwa mjamzito na mwenzi wake kuhudhulia mapema kliniki na kupima kwa pamoja ili wajue kama wana maambukizi ya VVU au la. Iwapo watagundulika hawana maambukizi ya VVU wataelimishwa jinsi ya kuendelea kubaki bila maambukizi ya VVU. Kama watagundulika watagundulika kuwa na maambukizi ya VVU watapata huduma za PMTCT.

Ni muhimu kutumia huduma hizi maana huokoa maisha ya mama na mtoto.

Huduma hizi hupatikana bila malipo katika kliniki za afya ya uzazi na mtoto nchini kote.

KUMBUKA:

KUPIMA VVU KATIKA HALI YA FARAGHA NA USIRI NI HAKI YAKO



Mama mjamzito mwenye Virusi vya UKIMWI atapewa huduma zifuatazo:

- Wakati wa ujauzito, kujifungua na kunyonyesha atapewa dawa za ARV ili kumkinga mtoto asiambukizwe VVU
- Dawa ya "Cotrimoxazole" kuzuia magonjwa nyemelezi
- Ushauri juu ya njia sahihi ya ulishaji wa mtoto mchanga
- Tiba ya magonjwa yatokanayo na kujamiiana
- Huduma ya njia za kisasa za uzazi wa mpango baada ya kujifungua
- Huduma za ufuatiliaji wa afya yake, mtoto na mwenzi



Mtoto aliyezaliwa na mama mwenye VVU atapewa huduma zifuatazo:

- Dawa za ARV kwa kipindi maalum baada ya kuzaliwa ili kumkinga asiambukizwe Virusi vya UKIMWI
- Dawa ya "Cotrimoxazole" atakapofikisha umri wa wiki 6
- Huduma ya upimaji wa VVU
- Huduma ya ufuatiliaji wa afya yake baada ya kuzaliwa

Kumkinga mtoto asiambukizwe Virusi vya UKIMWI ni jukumu la wazazi, familia, jamii na watoa huduma za afya kwa ujumla. Inawezekana kwa mjamzito mwenye VVU kujifungua mtoto asiye na VVU.



KUMBUKA:

INAWEZEKANA KWA WENZI WENYE VVU KUZAA MTOTO ASIYE NA MAAMBUKIZI YA VVU