

## **HIV Implementers Discuss the Links between PMTCT , HIV and AIDS and TB and Ways to Scale up Prevention.**

**Kigali, 18 June 2007:** The 2007 HIV Implementers Meeting is in its third day. Today, participants heard from the experiences of South Africa, Kenya and Zambia on prevention.

Mr. Gene Falk of South Africa explained the Mothers to Mothers (m2m) model where trained mothers are working as mentors for other women. M2m is an effective, sustainable model of care that provides education and support to pregnant women and new mothers living with HIV/AIDS.

Among initiatives undertaken by m2m in PMTCT is public education through television shows, identified as one of the best ways to sensitize women on PMTCT. Another is the establishment of a Mother-to-Mother hotline which has proved to be an important channel of conveying information on PMTCT to women.

But preventing mother-to-child transmission is not enough when HIV related tuberculosis cases are increasing in many parts of Africa. In his presentation entitled "TB/HIV: Integration of Services and Stopping the Newest Epidemic," Dr Chakaya Muhwa from Kenya said TB and HIV programmes should work together as the link between the two diseases was clear. He highlighted the important role of the Government of Kenya in establishing clear policy guidelines and effective organizational structures. These have come at a time when TB is emerging as a serious public health problem in Kenya, compounded by the appearance of drug-resistant TB strains that are making the disease that much more difficult and expensive to treat.

Dr Chakaya emphasized the importance of treating all illnesses associated with HIV and AIDS and the need to improve health care systems. Human resource needs should be based on staffing norms not on workload assessment. He also stressed the importance of recognizing best performers in adequately controlling HIV and TB infections. "Inadequate infection control practices encourage the transmission of HIV and TB", he said. TB control programme need to be strengthened and better coordinated with HIV programmes.

The Zambia presentation showed that there are multiple paths to success. Dr. Namwinga Chintu from the Center for Infectious Research in Zambia, a country with an adult HIV prevalence of over 16 per cent and where the AIDS epidemic has had a devastating impact on all facets of Zambian life, highlighted the challenges in implementation of HIV programmes. These include, among others, competing health priorities, how to deliver services to hard-to-reach areas, and the poor rates of facility deliveries. Dr. Chintu said the interaction between government and partners is crucial for the implementation of PMTCT programmes, as noted in Zambia where PMTCT scale up was achieved due to collaborative efforts between USG partners and government.

Among other priorities Dr. Chintu highlighted include the importance of follow-up to identify HIV exposed infants, the need for an innovative funding of PMTCT programmes, strengthening and promoting ownership, the need to have a strong coordinated partnership, and implementing methods that support government ownership of PMTCT. "A little push in the right direction can make a big difference," she concluded.

Co-sponsored by U.S. President's Emergency Plan for AIDS Relief, the Global Fund, UNICEF, UNAIDS the World Bank, the World Health Organization and the Government of Rwanda; the 2007 HIV implementers' meeting was officially opened on Saturday by President Paul Kagame of Rwanda and is expected to close tomorrow.

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