

Global Scenario and opportunities for integrating HIV and child health

Ngashi Ngongo, MD, MPH

Countdown to 2015

Cape Town 2008

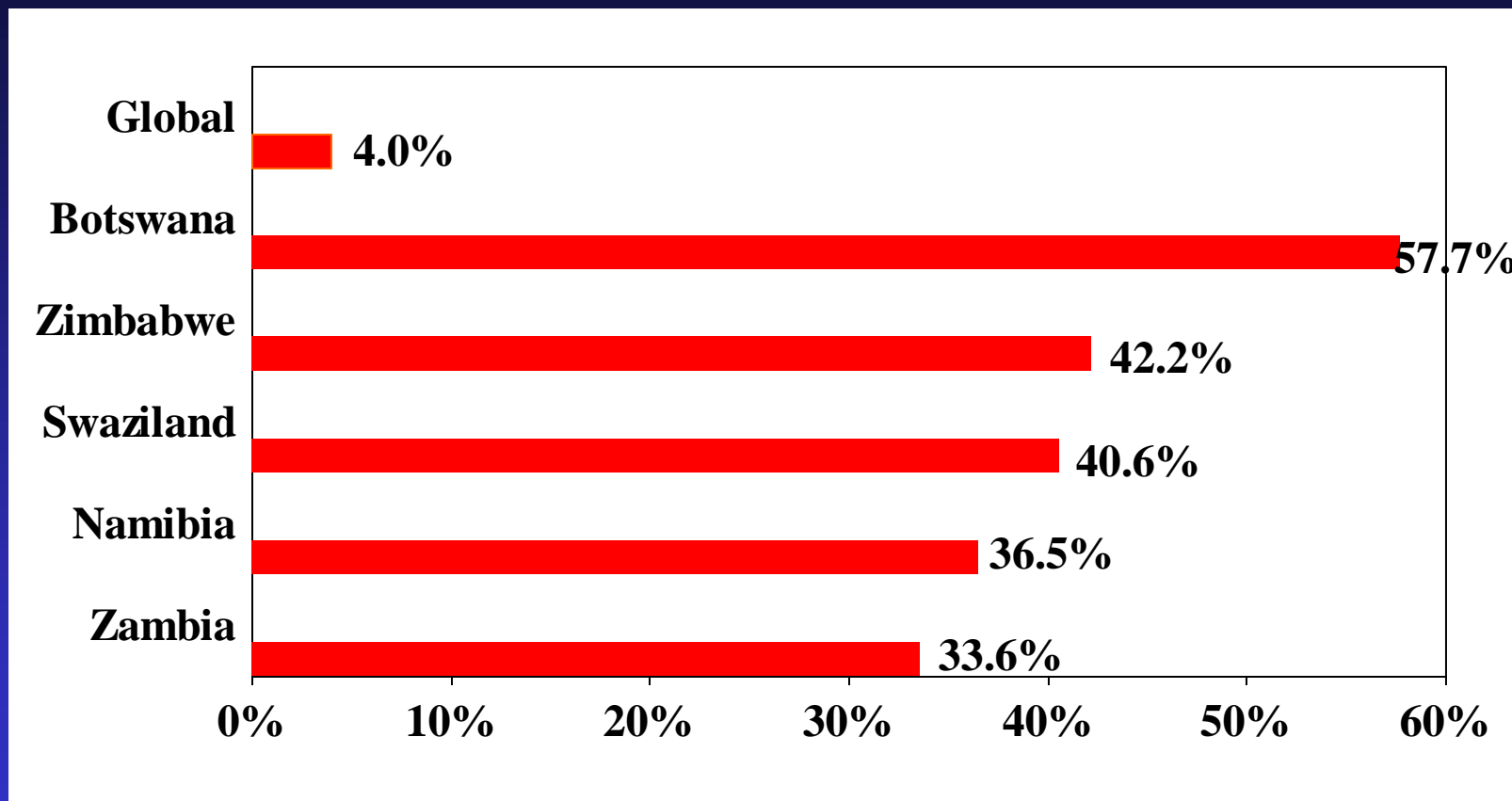
Presentation outline

- Current situation
- Conceptual framework for integration:
 - Within the life cycle
 - Across the health system continuum
- opportunities
- Way forward

Millions of children dying needlessly despite having tools and resources

- 2.5 Million children living with HIV, 420,000 new infections and 330,000 dying of HIV
- Over 90% of HIV infection among young children occur through MTCT
- 9.7 million under-five children dying every year from preventable and/or treatable conditions
- More funding available for HIV and child survival:
 - USD8 billion for HIV in 2006
 - USD 3.5 billion for MNCH in 2006

In some high burden countries, addressing AIDS is key to child survival



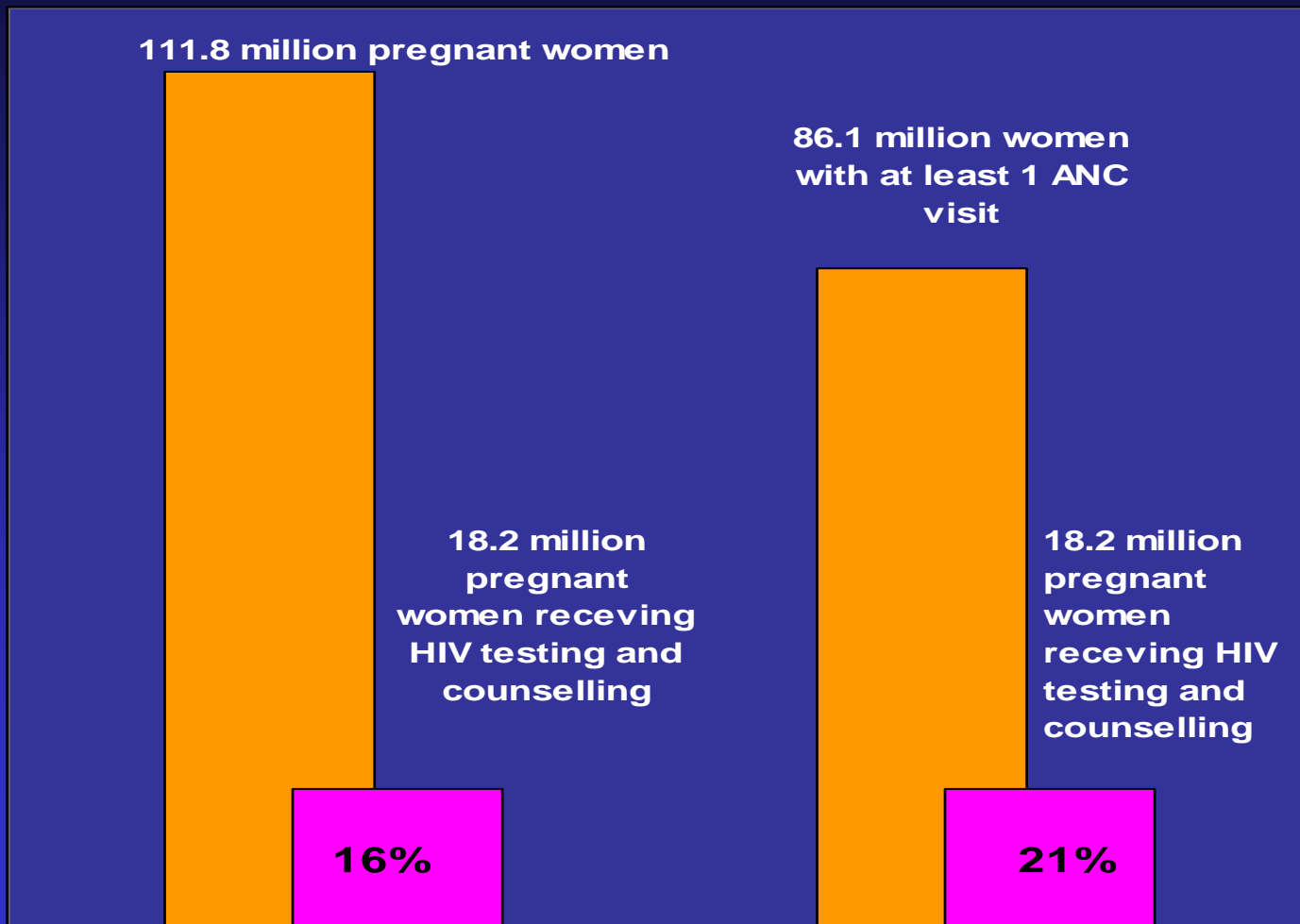
Source: UNICEF ESARO 2007

Progress on MDG 4 remains limited in the high HIV burden countries

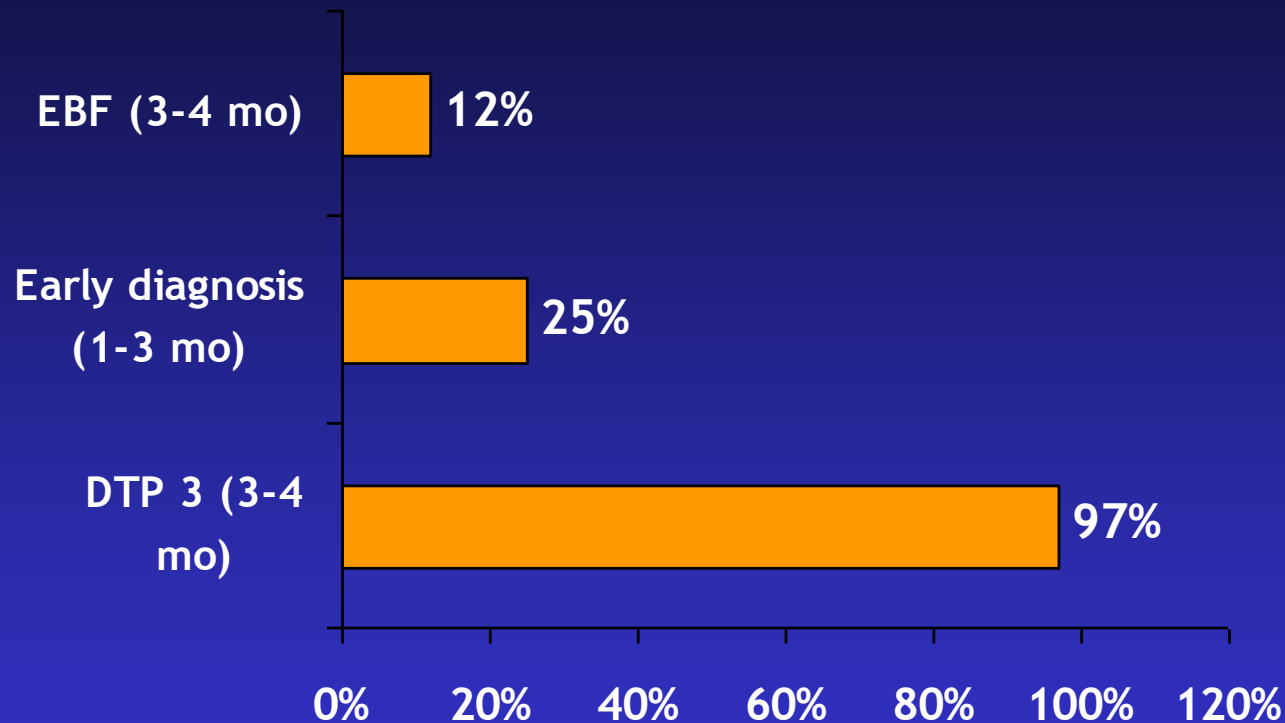
Country	U5M		AARR (%)	Progress
	1990	2006	Observed	
Botswana	58	124	-4.7	No progress
Lesotho	101	132	-1.7	No progress
South Africa	60	69	-0.9	No progress
Swaziland	110	164	-2.5	No progress
Zambia	180	182	-0.1	No progress

Source: Countdown to 2015: The 2008 report

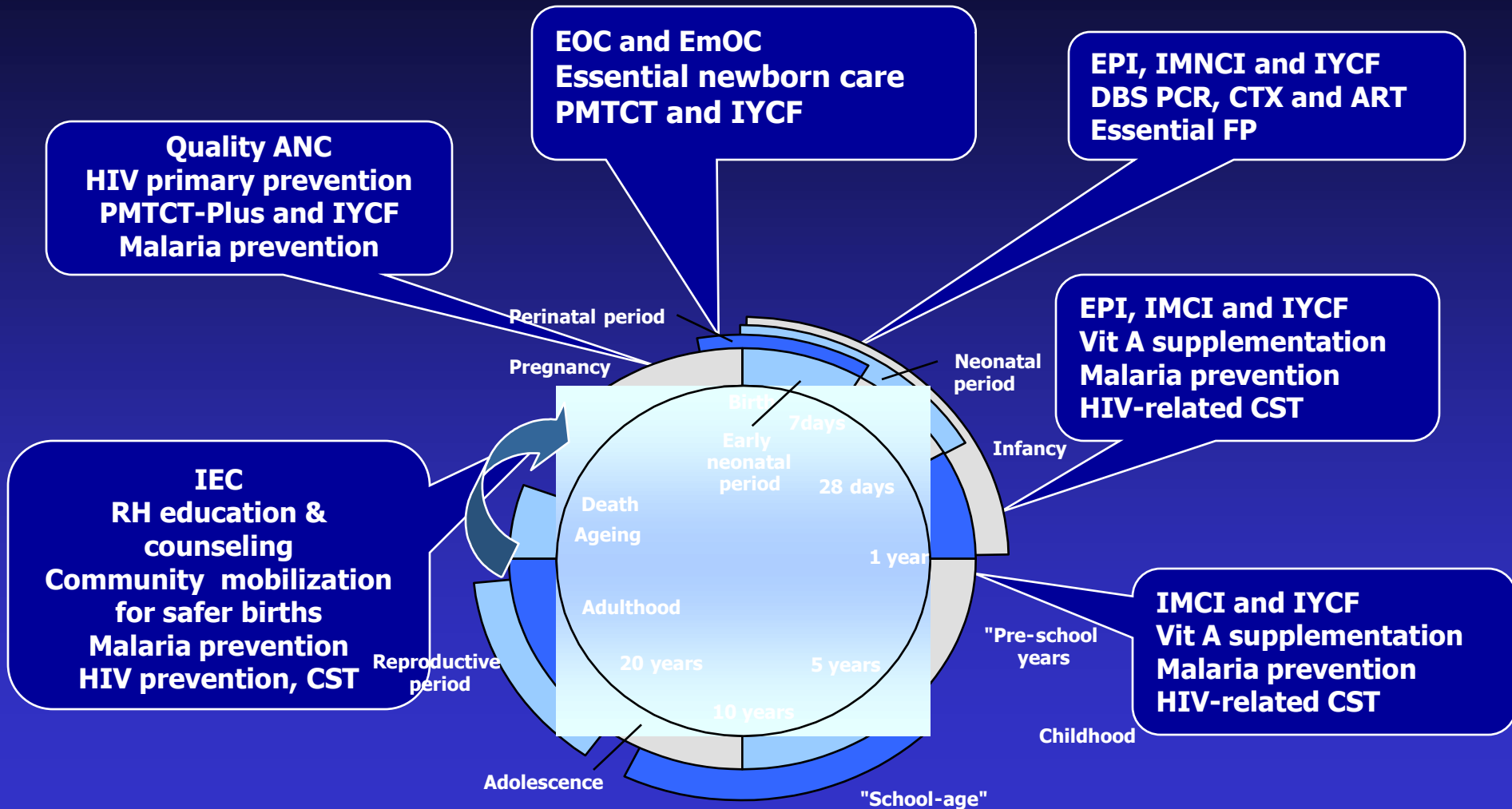
The reality: Only 21% of women attending at least 1 ANC visit were HIV tested in 2006



High HIV burden countries follow similar trends: Case of SA



...Integration within the life cycle



...Integration within the HS continuum

Family Oriented Community Based Services

C-IMNCI:

1. Identification symptomatic HIV...
2. Infant and young child feeding
3. Family neonatal care
4. PMTCT-Plus: TC promotion, PSS, follow up

Population Oriented Schedulable Services

CH services;

1. Preventive services: EPI+, IYCF, ITN, Vit A
2. IMCI: IYCF, Cotrimoxazole, ART...

Individual Oriented Clinical Services

IMNCI:

1. Essential NN Care
2. Management of pneumonia, diarrhea...
3. Pediatric Care and Treatment

Opportunities

- High political commitment for both child survival and HIV&AIDS
- Growing momentum for integrated HIV and child survival responses
- Increasing funding for HIV and Child Survival and donor commitment to HSS
- Existence of integrated programs and programming tools: EPI, IMCI, Basic ANC, IYCF...

Key program areas for integration

MNC Health

- Making Pregnancy Safer
- Expanded Program for Immunisation
- Infant and Young Child Feeding Strategy
- Integrated Management of Childhood Illness

HIV and AIDS

- Prevention of MTCT
- DBS PCR/TC
- Cotrimoxazole prophylaxis
- Paediatric ART

The Zimbabwe Road to Health Card integrates EPI, IYCF and HIV

INFANT FEEDING

Follow-up time	Birth	10D	6W	2M	3M	4M	5M
Infant feeding code							
Follow-up time	6M	7M	9M	12M	15M	18M	24M
Infant feeding code							

INFANT FEEDING CODES

1. Exclusive Breast Feeding
2. Exclusive Heat Treated Breast Milk
3. Exclusive Commercial Infant Formulae
4. Exclusive Modified Animal Milk
5. Mixed Feeding
6. Other Specify

CARE

NVP/Other ARVs given at birth? NO YES
(Circle Yes or No)

Follow-up time	6W	2M	3M	4M	5M
Cotrimoxazole (supplied)					
Follow-up time	6M	9M	12M	15M	18M
Cotrimoxazole (supplied)					

Parent/Caregiver pre-test counselled for child test (Circle Yes or No) NO YES

Child tested date:

Test Number: Test Used (Specify)

Date Parent/Caregiver post-test counselled for child's result:

Child's sample result (Circle) 0 1

Continue Cotrimoxazole? (Circle Yes or No) NO YES
If yes refer to treatment card.

CARE COMMENTS:

.....
.....
.....



MINISTRY OF HEALTH CHILD HEALTH CARD ZIMBABWE



GOOD INFANT FEEDING PRACTICE

Give only breast milk for the first 6 months. Introduce solids and liquids from 6 months. Continue breast feeding up to 24 months or beyond unless counseled otherwise by a health worker.

KUDYA KWAKANAKA KWEMWANA

Ipai mwana mukaka wezamu chete pamwedzi mitanhatu yokutanga. Ipai kumwe kudya kana kunwa kubva pamwedzi mitanhatu. Rambai muchiyamwisa kusvika pamakore maviri kana kudarika kunze kwekuti makataurirwa mukadziviswa neve utano.

MUNYISA OKUNGABANGELI INGOZI

Munyisa ingane yakho okwenyanga eztyisithupha zakuqala. Gata ukuyipha okunye okudliwayo lo kunathwayo uma isilenyanga eztyisithupha. Ohubeka ukumunyisa ingane yakho ize ifike iminyaka emibili loba ukwedlula, ngaphandle uma ucetshisiwe ngabezempila kahle ukuba ungamunyisi.

NAME OF CHILD:	
SURNAME OF CHILD:	
SEX: <input type="checkbox"/> <input type="checkbox"/>	DATE OF BIRTH: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NAME OF MOTHER:	
PHYSICAL ADDRESS:	
PLACE OF BIRTH:	
HEALTH CENTRE:	

Way forward: Five key steps

1. Integrate policies, plans and budgets
2. Integrate coordination/supervision mechanisms
3. Simplify and further bundle programs
4. Integrate human capacity development
 - Simplified and modular training packages
5. Integrate M&E systems to track on both