



MCDI

MEDICAL CARE DEVELOPMENT INTERNATIONAL

HIV/AIDS and Tuberculosis



The world has made enormous progress in the fight to end HIV/AIDS. But 37 million people are living with the disease and new infections continue to occur every year—faster than people are receiving treatment. Sub-Saharan Africa remains most severely affected, where nearly 1 in every 25 adults live with HIV.

Sustainable Development Goal 3 sets a universal target to end the epidemics of AIDS and Tuberculosis by 2030 and MCDI works every day in Southern Africa to make this a reality. Through innovative partnerships and cost-effective interventions to combat the diseases where they coexist, MCDI offers streamlined solutions rooted in cohesive community responses.

Preventing mother to child transmission

Vulnerable, at-risk populations need special attention to prevent the spread of disease and encourage proper treatment. MCDI puts special focus on pregnant women to prevent mother-to-child transmission. It establishes support networks that can provide accurate information and builds local capacity to de-

liver quality, stigma-free care to all patients.

In South Africa, the Securing the Survival of HIV Free Generations in KwaZulu Natal established support groups for pregnant women, facilitated by a cadre of trained, community-based “family companions.” The project developed the training materials for these helpers as part of a pilot that tested a national framework for community-based prevention of mother to child transmission (PMTCT.)

The Ilembe District Child Survival Project supported provincial and district health officials to improve the health status of children under five, women of reproductive age and HIV/AIDS-affected families. With an Integrated Management of Childhood Illnesses approach, this UNICEF-funded project strengthened community PMTCT interven-

tions such as support groups and routine health screenings for HIV-positive mothers.

MCDI's work paid off. The project increased the proportion of pregnant women who registered for antenatal care during the first 14 weeks of pregnancy from 32 to 50 percent, and improved post-natal care by increasing the number of home visits to mothers three days after delivery by 15 percent. In all, the project reached 69,422 children under five and 150,533 women of reproductive age.

Two diseases, one approach

One third of the people infected with HIV are also infected with Tuberculosis (TB), a disease that causes a quarter of HIV-related deaths. People who are co-infected with both TB and HIV are up to 34 times more likely to develop active TB

than those without HIV. With growing drug-resistant TB, the need to address diagnosis and treatment is even more dire.

To address the large number of HIV and TB co-infections, MCDI trains local health workers in integrated treatment. It helps establish counseling services that encourage patients to complete their treatments, and uses community outreach and mass media to reduce the spread of the diseases and promote care-seeking behaviors.

The iLembe District HIV/AIDS & TB Support Project in South Africa integrated the provision of HIV/AIDS and TB prevention, support and treatment into an established community-based setting by strengthening local NGOs and community-based organizations.

With USAID/PEPFAR funding and local government support, the project increased access and monitored the quality of home-based palliative care, built social support networks for affected families and mounted an HIV/AIDS and TB education and outreach effort that reached even isolated rural communities.

And through the USAID-funded Ndwedwe Integrated TB & HIV/AIDS Project, MCDI helped improve TB treatment completion rates, which reduced disease transmission and the burden of co-infections in both children and their caregivers.

The project offered a platform for Anti-Retroviral distribution and adherence monitoring,

HIV/AIDS in the military

With frequent deployments and opportunities for casual sex, military personnel are one of the most susceptible populations in the world to HIV. In Swaziland, where HIV/AIDS was declared a national disaster in 1999, the problem was even more acute. MCDI worked with the Umbutfo Swaziland Defense Force to decrease the rate of HIV/AIDS among military personnel, their families and communities. With new prevention strategies, public awareness campaigns and capacity-building activities, the project reduced stigma and offered critical information that soldiers and their families could rely on.

and intervened with prophylaxis for healthy children who lived in homes alongside TB patients. Other innovative approaches such as the introduction of Facility Patient Liaisons reduced the burden on health workers.

A focus on youth

MCDI's HIV/AIDS and Tuberculosis work reaches out to those who are most vulnerable. Oftentimes, young people are especially at risk, and supporting them requires unique and targeted approaches.

The Northern eThekweni Youth Friendly Clinic Project, for example, promoted responsible sexual behavior, education on HIV/AIDS, Tuberculosis, gender equality and life skills for South African youth from the ages of 10 to 24. In an area with a remarkably high disease burden, the project created

youth-friendly health facilities for the prevention of mother to child transmission as well as voluntary counseling and testing and tuberculosis services.

MCDI and its local partners built support from the communities around the clinics, which involved themselves in health and welfare interventions and helped promote healthy practices. The approaches it used to improve TB diagnosis and management included distributing contact slips that resulted in a 47 percent contact tracing rate—an important partner notification system that can lead to earlier treatment and decreased disease transmission.

Another youth-focused project, funded by Johns Hopkins University, increased access to and participation of 15 to 24-year-olds in voluntary counseling and testing for HIV. The South Africa KwaZulu Natal Youth VCT Project established youth-friendly counseling and testing centers and support groups in official health department clinics where young people could go to get answers, and support.

Alongside government institutions and community health clubs, the project launched caring, youth-focused activities and even boosted school-based drama and health clubs that empowered youth to implement their own HIV/AIDS prevention activities.



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