



HIV/AIDS and Tuberculosis

MCDI has worked for over 20 years to end the AIDS and Tuberculosis epidemics. Our work in HIV/AIDS and Tuberculosis is further described below.

Sustainable Development Goal 3 sets a universal target to end the epidemics of AIDS and Tuberculosis by 2030 and MCDI has worked for over 20 years 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 for the prevention of mother-to-child transmission (PMTCT). We establish support networks that can provide accurate information and build local capacity to deliver quality, stigma-free care to all patients.

In Gabon, with funding from Noble Energy, MCDI works to improve maternal and child health outcomes by preventing mother-to-child transmission of HIV through increasing antenatal care visits, providing anti-retroviral medicine to women at antenatal care visits, as well as providing training to health care professionals on HIV counseling.



A Gabonese woman in MCDI's health facility for newborn care



A mother recovering from birth checks on her newborn

In South Africa, MCDI 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 PMTCT. Our work 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, MCDI projects

have strengthened community PMTCT interventions such as support groups and routine health screenings for HIV-positive mothers. MCDI's work has paid off. The Ilembe District Child Survival Project in South Africa 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 HIV/AIDS and Tuberculosis.

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.

In South Africa, MCDI 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, MCDI increased access and monitored the quality of homebased 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.



An MCDI-facilitated HIV awareness community group

Through additional USAID funding, MCDI helped improve TB treatment completion rates in South Africa, which reduced disease transmission and the burden of co-infections in both children and their caregivers. MCDI efforts offered a platform for antiretroviral distribution and adherence monitoring, 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.



Children in one of MCDI's focus communities

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. In South Africa, MCDI 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, MCDI's work created youth-friendly health facilities for PMTCT as well as voluntary counseling and testing and tuberculosis services. MCDI and its local partners built support from the communities surrounding the clinics, which participated 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.

Through additional USAID-funding, MCDI increased access to and participation of 15 to 24-year-olds in voluntary counseling and testing for HIV in South Africa. Our work 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.



An MCDI staff member performing an HIV test

