

0/7 (ZERO BY SEVEN)

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OPTION 2, C 25 INTERVENTIONS TO PREVENT MTCT

0/7-initiative, part of the successful “**Be-Bold campaign**” launched on 1stDecember,2006 in Andhra-Pradesh, India; *aimed to strengthen existing systems and establish new set-ups to reduce, ideally to zero, vertical transmission of HIV from mother-to-child in Andhra-Pradesh by December,2007*. The strategy was to identify all HIV+-pregnant-women(HPW), encourage them approach HIV-trained,PLHA-friendly “bold-doctors” for institutional deliveries; administer to them nevirapine before delivery and nevirapine-syrup to child after delivery and follow-up them for 18 months. Stigma reduction and capacity building of doctors were also key strategies.

Issues:

Very poor identification of HIV+-pregnant-women, poorer follow-up of those identified, doctors unwilling to conduct HIV+ deliveries, lack of follow-up of babies born; stigma associated with HIV/AIDS and low awareness that interventions can reduce vertical transmission were the main bottlenecks.

Implementation:

Be-Bold campaign reduced stigma. With improved access more women were tested for HIV at Ante-Natal-Clinics.

Trainings spread awareness on ‘0/7-initiative’. 88000 Asha-Mitras¹ were trained as campaigners. Out-reach worker teams from HIV+ community, formed in all 80 subdivisions of AP, were trained to follow-up with “the-identified-HIV+-pregnant-women”(IHPW); counsel their families on HIV and planned delivery, link them to “Bold-doctors” for institutional deliveries. They carried Safe delivery kits, nevirapine,PEP drugs and followed-up IHPW using line-listing having “Expected-Date-of-Delivery”(EDD). Streamlined data collection.

Conducted clinical training for doctors in Government Hospitals; sensitized 22000 doctors/para-medicals in Primary-Health-Centers; involved associations of private-practitioners/gynecologists. “Bold Doctors clubs” of trained-PLHA-friendly doctors formed

Counseling on baby-care and breast-feeding were given to mothers. To reduce stigma “seemantham²” and well-baby shows were organized to honor mothers and children. MTPs encouraged, sterilization advocated. Nutrition programs encouraged.

Results:

Year	ANC HIV testing centers as on 1 st Jan	Tested during the year period	Identified HIV+ve Pregnant Women (IHPW)	Followed-up/captured HIV +ve Deliveries	Live births	Mother-Baby(MB) pair given nevirapine (NVP)	% of MB pair given NVP wrt IHPW
2006	105	427400	5906(1.38%)	2992	2834	2800	47.4
2007	480	624716	7289(1.16%)	5592	5032	4957	68

Conclusion:

It is possible to ensure PMTCT services if community is involved and there is focused attention.

¹ Asha-Mitras are selected Voluntary women health workers and youth between age group of 18-30 from villages @ 4 per mandal in 1100 mandals. A mandal is the administrative unit below a district in the state.

² a traditional ceremony to honor pregnant women in 7th month of their pregnancy