

## Documentation

### Support of the cooperation project

#### «Creating a 'One-stop-clinic' for HIV-infected mothers and their families in the Kilombero district in Tanzania»

with the "MSD for Mothers Grant" of around 450'000 Swiss francs.



The project, «**Providing the setting for a 'one-stop clinic'** with comprehensive services for HIV-infected mothers and their families in the Kilombero district in Tanzania» was awarded with the MSD for Mothers Grant (498'850 U.S. dollars) over three years (2014 - 2016).

It was selected from 36 applications across all regions. The project featured a variety of interventions that improved the existing health system and developed a "one-stop" clinic to deliver quality care and therefore received the award of the Global Review Committee.

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# 1 The Project

## «Providing a setting for a One-stop Clinic for HIV infected mothers and their families»

A “One-stop” clinic is a medical facility in which HIV-positive mothers and their children and partners can receive care in a single place and time, facilitating thereby access to care, earlier initiation of ARV, treatment adherence, retention in care and, eventually, reduced MTCT and improved treatment outcome.

### 1.1 Project Summary

Kilombero is a rural district located in South-western Tanzania, with Ifakara as major settlement. It has a population of 410'000 people (12). According to data from the District Medical Office HIV in pregnancy belongs to the top-five maternal health problems in the district. Currently the Tanzanian health authorities call for strategies to integrate services and improve access and quality of care for HIV-infected pregnant women.

The One-stop clinic shall help to drastically lower maternal mortality and mother-to-child HIV transmission (PMTCT) through increased prevention efforts and integrated care. The project focuses on patients relevance and outcomes. It is integrated into the existing structures of the St. Francis Referral Hospital and the HIV Outpatient Clinic (CDCI).

### 1.2 Purpose of the project

#### 1.2.1 General objective

Improve access to care and treatment for HIV-infected pregnant women, their partners and their offspring living in the Kilombero district and serve as a model clinic for other rural settings in Tanzania and sub-Saharan Africa (SSA).

#### 1.2.2 Specific objectives

- 1) To support coordination of PMTCT services and reach out to the community and all services associated with women's health
- 2) To provide continuous educational interventions to health workers involved to ensure transfer of operational knowledge and sustainability
- 3) To strengthen the existing referral and supervision system of peripheral health care facilities
- 4) Austausch mit politischen Entscheidungsträgern und Unterstützung des nationalen Programms zur AIDS-Kontrolle (National AIDS Control Program (NACP)).
- 5) To implement WHO PMTCT Option B+ at district level
- 6) To serve as a platform to generate reliable information concerning maternal and children HIV care in rural Tanzania
- 7) Exchange with policy makers and support the NACP

### 1.3 Project plan

The proposed project and thereby interventions include three components:

1. **Awareness campaign** in health facilities and the community of the Kilombero district about the importance of early HIV testing during pregnancy and utilization of services delivered in a “One –stop” clinic.

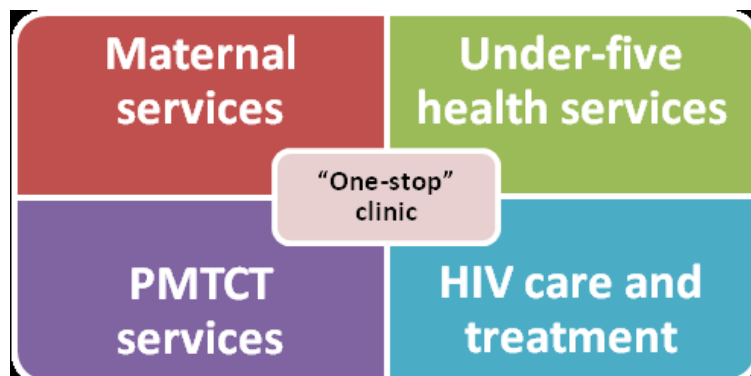


Figure 1. Services offered at the «One-stop clinic»

To raise awareness among health workers for the concept of a “One-stop” clinic, informative meetings will be held in all antenatal and under-five clinics in the district with the collaboration of the District Reproductive and Child Health Coordinator. In these meetings information about the functioning of the “One-stop” clinic, services delivered there and how to use the referral system will be given. Health workers will be then provided with the mobile phone number for referrals and a mobile phone helpline for guidance concerning patient management.

The “One-stop” clinic in Ifakara will be linked with five peripheral setting in the district: Mlimba, Mngeta, Kibaoni, Mangula and Ilovo. The link aims to be bi-directional, including both a referral system from the periphery to the “One-stop” clinic in Ifakara and a supervision system coordinated from the “One-stop” clinic. The linkage to the periphery will be strengthened by regular cell phone exchanges and monthly phone calls with the representative of each setting.

**2. Improve the knowledge and education of health workers on PMTCT and early infant HIV diagnosis and HIV care for adults and children**

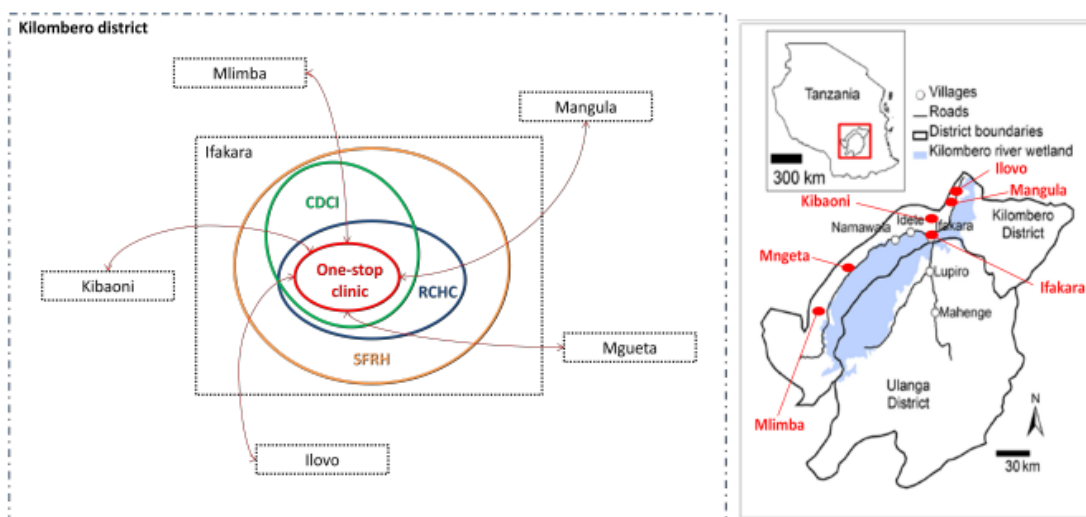


Figure 2. Location of the “One-stop” clinic inside the St. Francis Referral Hospital and links with the peripheral health centers in the Kilombero district. SFRH: St Francis Referral Hospital; CDCI: Chronic Disease Clinic of Ifakara; RCHC: Reproductive and Child Health Clinic.

The “One-stop” clinic will be located in Ifakara, the main town of the Kilombero district. The “One-stop” clinic will be part of the CDCI and will be located at the RCHC of SFRH. A referral and supervision system will be established with five peripheral health centers in the district.

Awareness within the community will be handled in partnership with the Connect project. The Connect project provides the district with a network of community health workers visiting households with pregnant women monthly.

Clinicians, nurses, midwives and counselors working in maternal and infant health and the health care centers of Ifakara, Mlimba, Mngeta, Kibaoni, Mangula and Ilovo will be provided with specific training. They will get an initial training for all health workers followed by continuous medical education provided in the form of refreshing seminars. The existing infrastructure of the TTCIH, located at Ifakara, will be used to deliver this training.

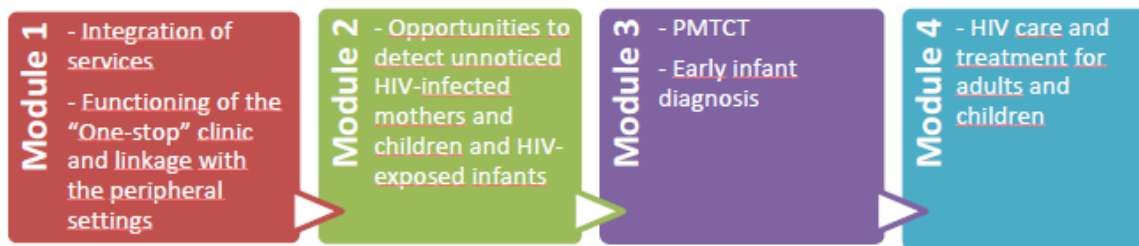


Figure 3. Potential module for the initial training for the clinicians and nurses working at the «one-stop» clinic and its linked peripheral health centers

**3. Supervision of the implementation** of the «One-stop clinic» and ensuring sustainability within the National AIDS Control Program:

- a. Strengthen and support simple and clear operational process
- b. Support clear structures for the PMTCT program serving as a model

The «One stop clinic» provides an ideal setting to guarantee an optimal conversion from training of health workers to improved daily clinical care. By establishing simple and standardized processes we expect the «One-stop» clinic to serve as model for sustainable integrated service delivery and improved quality of care.

Setting and implementation of the «One stop clinic» will last from 2014 to 2017.

## 2 Background

92% of HIV-infected pregnant women and 90% of HIV-infected children worldwide live in SSA. MTCT accounts for over 90% of all paediatric HIV cases (1).

PMTCT was initially proved highly efficient in Western countries through the administration of antiretroviral (ARV) prophylaxis to mother and infant (2). In the recent years different ARV regimens have been compared and guidelines have been developed to be used both in high and low income countries (3, 4). Noteworthy, several operational challenges are associated with the implementation of these recommendations in SSA. According to the Joint United Nations Program on HIV/AIDS (UNAIDS) only 59% of HIV-infected pregnant women received effective ARV regimens for PMTCT in SSA during 2011 (1).

The current Tanzanian PMTCT guidelines were published in June 2012 and recommend WHO Option A for PMTCT. However, new guidelines recommending WHO Option B+ are about to be published during the current year (5). With Option B+ all HIV-infected pregnant women will receive lifelong combined Antiretroviral Therapy (cART), regardless of the CD4 count and the WHO stage and all HIV-exposed infants will receive the same postnatal prophylaxis regardless of the feeding method. In Tanzania, in 2011, only 40% of HIV-infected pregnant women in need were prescribed cART and the MTCT rate was 23% (6), leading to 21.900 new child infections (7). These data situate Tanzania in danger of not reaching the UNAIDS' target of eliminating new pediatric infections by 2015. In contrast to this situation, 92% of pregnant women attend the antenatal clinic at least once (7) and Extended Program of Immunization coverage is above 95% (8).

The WHO recommends to provide comprehensive treatment, care and support to mothers living with HIV and their families (9). We aim to provide an optimal setting for a “One-stop” clinic for HIV-infected pregnant women and mothers and their infants. This strategy is in line with the WHO global health sector strategy on HIV/AIDS, that strongly recommends providing integrated services to reach key populations and strengthening links between HIV programs and other health programs (10).

The high rates of attendance to the antenatal and children immunization services make the Reproductive and Children Health Clinics (RCHC) the optimal place to integrate PMTCT services and HIV care and treatment for mothers and their families. By integrating these services we expect to increase retention in care along the PMTCT cascade, decrease MTCT of HIV and provide a comprehensive care for HIV-infected mothers and their children in our setting.

## 2.1 Brief preliminary data

A survey was conducted in March 2012 at St Francis Referral Hospital (SFRH) in Ifakara, Morogoro region, Tanzania. Data on PMTCT services delivered between January 2010 and December 2011 were collected. Several gaps were observed along the PMTCT cascade, the probable causes of these gaps were analyzed and a package of potential solutions was proposed. A summary of the major findings was published in March 2013 (11).

## 3 Involved Partner Organizations

### 3.1 Swiss Tropical and Public Health Institute (Grantee)

The Swiss TPH is a non-profit public organization founded in 1943. Its mandate is to contribute to the improvement of the health of populations internationally, nationally and locally through excellence in research, services and teaching and training.

In a long-term cooperation between Switzerland and Tanzania, the Swiss TPH focuses on HIV amongst other public health relevant priorities.

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### 3.2 Division of Infectious Diseases and Hospital Epidemiology at the University Hospital Basel

The Division of Infectious Diseases and Hospital Epidemiology takes care of patients with mostly serious infectious diseases and is responsible to contain the spread of mostly viral or bacterial infections within the confines of the hospital setting. It also offers infectious disease specialist consultation for general and HIV-infection within an out-patient setting.

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### 3.3 St. Francis Referral Hospital (SFRH)

SFRH has 370 beds and is the most important health care facility in the Kilombero district. The RCHC provides antenatal care to all pregnant women as well as vaccinations and outpatient care for children under-five years old. Care and treatment for all HIV-positive patients is provided at SFRH according to the National Aids Control Program through the Chronic Disease Clinic of Ifakara (CDCI).

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### 3.4 Chronic Diseases Clinic (CDCI)

Die Versorgung und Behandlung aller HIV-positiven Patienten wird vom SFRH durch die Klinik für chronische Krankheiten (CDCI) in Ifakara, gemäss nationalem Programm zur Aids-Kontrolle (National Aids Control Program) bereitgestellt.

The CDCI works in cooperation with the Ifakara Health Institute (IHI), the Swiss Tropical and Public Health Institute and the Department of Infectious Diseases and Hospital Epidemiology of the University Hospitals of Basel and Bern, Switzerland. All patients attending the CDCI since late 2004 are asked for informed consent to be enrolled at the Kilombero and Ulanga Antiretroviral Cohort (KIULARCO). This cohort comprises more than 6000 patients and is the largest peripheral HIV cohort in Tanzania.

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### 3.5 Ifakara Health Institute (IHI)

The IHI is one of Africa's most eminent health research organizations. IHI is an independent, non-profit Tanzanian organization that conducts a wide range of health care implementation. The Institute enjoys a close collaboration with centres of excellence in Switzerland, UK, Holland, and USA among others.

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### 3.6 Tanzanian Training Centre for International Health (TTCIH)

The Tanzanian Training Centre for International Health (TTCIH) is a centre of excellence in health training, research and medical practice. Its mission is to provide quality training facilities and services for the strengthening of human resources development in Tanzania and international health sector.

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### 3.7 «Connect-Project»

At the Kilombero district the Connect project is implemented. This project provides, via community health agents, education and preventive services to villages. Its main objective is to improve equitable access to maternal, newborn and child health services through community-based care and referral systems. Through this project relevant messages for the targeted clients of the “One-stop” clinic are delivered: promotion of antenatal and delivery care, PMTCT and male partner involvement. The Connect project is lead by IHI with technical support from Columbia University, Mailman School of Public Health, and TTCIH (13).

### 3.8 MSD Merck Sharp & Dohme AG (grantee)

#### MSD for Mothers

MSD for Mothers is a 10-year, \$500 million initiative to address one of the world’s oldest and most preventable health tragedies - the death of a woman from complications experienced during pregnancy and childbirth. Working closely with governments, international organizations, health experts, and those on the front lines, our goal is to help women across the world be well. MSD for Mothers builds on MSD’s legacy of taking on urgent global health challenges. We are applying our scientific expertise, business skills, and financial and human resources to the effort.

#### About MSD

Today's MSD is a global healthcare leader working to help the world be well. MSD is a trade name of Merck & Co., Inc., with headquarters in Whitehouse Station, N.J., U.S.A. Through our prescription medicines, vaccines, biologic therapies, and consumer care and animal health products, we work with customers and operate in more than 140 countries to deliver innovative health solutions. We also demonstrate our commitment to increasing access to healthcare through far-reaching policies, programs and partnerships.

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More Information: [www.msd.ch](http://www.msd.ch), [www.msdformothers.com](http://www.msdformothers.com)

## 4 Pictures



Picture 1: Mother with child in front of Clinic in Ifakara, Tanzania (© Christian Heuss, Swiss TPH)



Picture 2: Mothers with children in front of clinic in Ifakara, Tanzania (© Christian Heuss, Swiss TPH)



Picture 3: Evening mood at the Kilombero River, Ifakara, Tanzania (© Bild: Christian Heuss, Swiss TPH)



Picture 4: People on the way home at the Kilombero ferry, Ifakara, Tanzania (© Christian Heuss, Swiss TPH)



Picture 5: St. Francis Referral Hospital, Ifakara (© Lukas Meier, Swiss TPH)

## 5 MSD for Mothers Global Giving Program

### Program Overview

MSD for Mothers (known as Merck for Mothers in the US and Canada) is a 10-year global USD 500 million initiative focused on creating a world where no woman dies giving life.

### Approach

In September 2011, Merck officially launched MSD for Mothers at the United Nations and joined the global effort to achieve United Nations Millennium Development Goal 5, which calls for a 75 percent reduction in the rate of maternal mortality by 2015 and universal access to reproductive health care.

MSD for Mothers was created to address the two leading causes of maternal mortality globally – postpartum hemorrhage (excessive bleeding after childbirth) and preeclampsia (hypertensive disorders). It is also focusing on family planning, which is known to play an important role in reducing maternal mortality.

The program aims to support philanthropic initiatives to improve maternal health, to significantly reduce global maternal mortality, and to achieve universal access to reproductive health care.

### Strategy

MSD for Mothers builds on Merck's legacy of taking on urgent global health challenges. The company is applying its scientific expertise, business skills, and financial and human resources to the effort. The three pillars of the strategy are:

1. Accelerate access to affordable, high quality maternal health care.
2. Advocate and increase awareness about maternal mortality and morbidity.
3. Advance product innovations to save women's lives.

### Grant Application

In 2012, MSD first called for submission for the Global Giving Program. A first round of grants was issued in 2013. In February 2014, the second round of grants was issued. Eligible non-profit Organizations (NGO's) with interests and experience in maternal health promotion, public or consumer education, patient outreach, public health or health care advocacy, health provider training, and community-based health interventions can apply.

### Grant Size and Length (submission 2013)

- One-year Grants – USD 25K – 100K
- Multi-year Grants – USD 100K – 500K, up to three years

For more information visit [www.msdfornthers.com](http://www.msdfornthers.com).

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