

# AIDS

## Antiretroviral Treatment (ART) / Prevention of Mother-to-Child Transmission of HIV (PMTCT)

**Antiretroviral treatment (ART)** has tremendous potential to change the course of the AIDS epidemic in developing countries. While it is true that only a small percentage of persons living with HIV and AIDS today have access to this life-saving medication, enormous progress has been achieved in recent years, and with growing national and international commitment to increase the access to ART by 2010 (Universal Access Initiative), there is hope for millions of persons to survive and fully reintegrate into their communities and societies. ART also potentially reinforces prevention programmes and acts as a strong incentive to seek counselling and testing services.

However, the challenges presented by going to scale with ART are formidable: financially, organisationally, technically and programmatically. Long-term sustainability is the major challenge, as the medication needs to be taken lifelong, and the number of persons needing ART will continue to increase as long as HIV infection rates are not substantially reduced. Already weak health systems in many developing countries are strained to the limit to provide care and treatment for persons with HIV and AIDS without diminishing services in other crucial areas.



GTZ has worked in recent years with many partners (governments, civil society, faith-based organisations, and international organisations) to develop appropriate approaches to scale up ART. These include providing cost-effective strategies and using GTZ's experience in strengthening health systems to assure sustainability and equity by focussing on rural and decentralised structures while taking gender-sensitive approaches into account. GTZ supports its partners in combining ART with general measures to strengthen health systems and in linking AIDS treatment to existing programmes of care and prevention.

**Prevention of HIV transmission from mother to child (PMTCT)** is one of the key strategies of any national response to HIV and AIDS. Drawing on its experience with pilot programmes in several countries, GTZ has collaborated with and advised many partners on how to scale up these programmes to national level and integrate them into existing mother and child health services (MCH) as well as sexual and reproductive health programmes. Many challenges remain: fear of stigma and discrimination prevents mothers from seeking treatment, male partner participation remains low, better and sustainable treatment regimens need to be explored. PMTCT programmes also provide a promising entry point for HIV prevention and sexual health promotion, contributing prospectively to reducing HIV-Prevalence.

For both ART and PMTCT programmes, longterm quality issues and potential development of resistance to medication need to be continuously monitored and addressed and operational research undertaken to improve programme delivery.

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## Our approaches and their results

In **Kenya, Tanzania and Uganda**, GTZ supports the ministries of health (MoH), in the framework of the **comprehensive national PMTCT programmes**, in decentralising treatment services to regional, district and health-centre level in rural settings. In accordance with the national PMTCT strategies, GTZ has advised its partners on strengthening health systems for the delivery of PMTCT services and integrating them into the existing district health services (MCH). With GTZ assistance, national PMTCT guidelines have been developed and updated and clinical staff has been trained in all relevant aspects of PMTCT and ART services. Operational research has contributed to continuously improving the approach. The established PMTCT sites show an ever-widening adoption of the services offered. Due to the responsiveness of the established system to the patients' needs and because of excellent treatment monitoring, ART adherence in these settings is comparable to that found in industrialised countries. With the end of the PMTCT project in Uganda, GTZ-supported PMTCT services were taken over entirely and continued by the Ugandan MoH, while in Kenya and Tanzania, GTZ support for further scaling-up continues in the scope of the respective health sector programmes.

In **Tanzania**, the **GTZ Capacity-Building Programme in ART** assists the Ministry of Health in scaling up and decentralising HIV care and antiretroviral therapy in the Mbeya region, while at the same time supporting national scale-up efforts over the longer term. GTZ support for the development of training curricula for health professionals on ART clinical management, adapted to the Tanzanian context, contributed to the implementation of the National Care and Treatment Plan. The resulting national training modules and guidelines for supportive supervision have become essential to the ongoing capacity-building for a decentralised AIDS response in Tanzania.

In collaboration with regional health authorities and other international organisations, GTZ helps the Mbeya region to establish a centre of excellence for treatment of HIV infection and AIDS-related diseases.

The **National Training Centre of Excellence** for clinical teams provides an outstanding opportunity for a combined theoretical, practical medical and laboratory training at one site. As a knowledge hub and regional centre for capacitybuilding, it offers trainees from other Tanzanian regions comprehensive training in ART and in diagnosis and treatment of opportunistic infections. The trainees, most of whom work at district hospitals and health centres, are enabled to provide quality services in newly established AIDS care and treatment centres at their units within the framework of the national care and treatment plan.

### GTZ's service package

**Antiretroviral therapy (ART):** We provide consulting services on integrating ART and prevention services into the health system infrastructure. Our experts advise on informing about and promoting ART services among the general public and in communities and on developing the necessary materials. Our services include improving medical infrastructure, introducing and implementing medical treatment, monitoring drug adoption and use, performing quality control, introducing systems for procuring and distributing drugs, testing materials and carrying out operational research for improving services.

**Prevention of Mother-to-Child Transmission (PMTCT) of HIV:** We provide consulting services for integrating PMTCT programmes and prevention services into established health structures and programmes. This includes introducing and implementing medical treatment, monitoring take-up and drug use, performing quality control, introducing systems for procuring and distributing drugs, testing materials, providing counselling on options for feeding newborn babies, and developing materials for community information and participation.

**Developing partners' treatment and prevention capacities:** Through technical assistance, coaching and training, we enable clinical teams to develop and apply the expertise needed in prevention, treatment and care in their respective programmes and institutions. Our experts advise on implementing national and international guidelines in the form of simplified and standardised local treatment protocols.

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