



Southern African HIV Clinicians Society

3rd Biennial Conference

13 - 16 April 2016
Sandton Convention Centre
Johannesburg

**Our Issues, Our Drugs,
Our Patients**

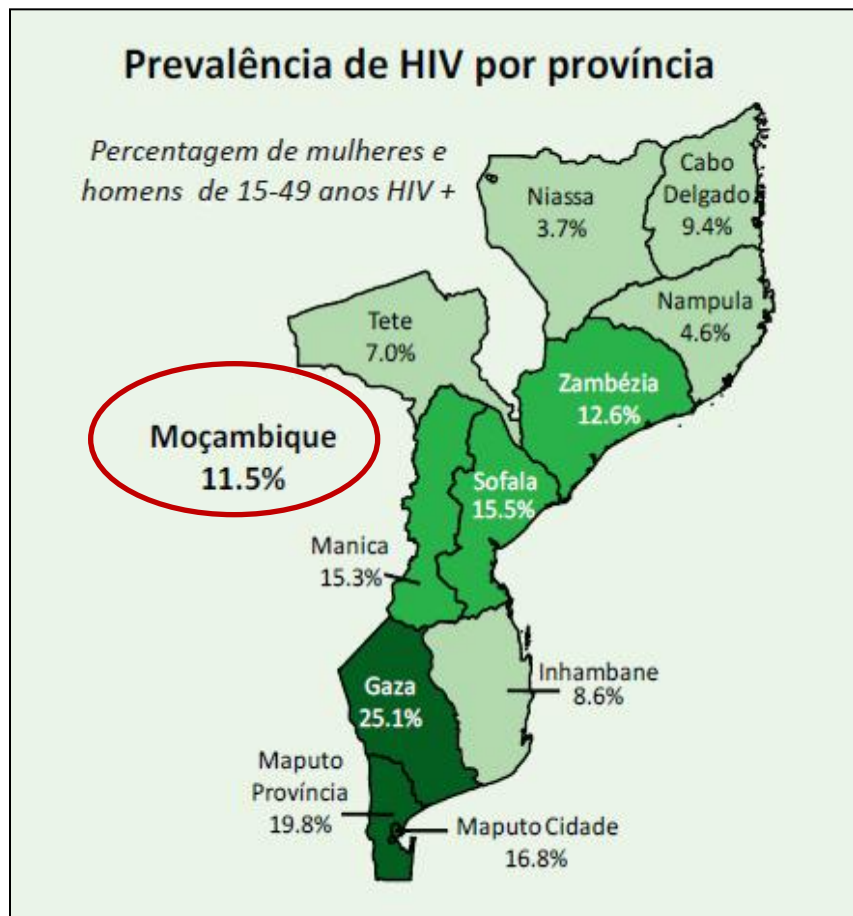
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Lessons learned from implementation of HIV/AIDS Acceleration Plan in 3 provinces (Manica, Sofala and Tete) of Mozambique

Presented by: Joaquim Fernando, MD,MPH

April 14th , 2016

Overview of Mozambique HIV Epidemic



Estimated population (2014) ¹	24.3 million
Estimated HIV Prevalence (age 15 -49), 2009 ²	11.5%
Number of people living with HIV (all ages), 2014 ²	1,400,000
Women aged 15 and up living with HIV, 2014 ³	830,000
Children aged 0 to 14 living with HIV, 2014 ³	160,000
Deaths due to AIDS (all ages), 2014 ³	45,000
Orphans due to AIDS (0-17), 2014 ³	610,000
HIV prevalence in pregnant women, 2011 ⁴	15%
Retention Rate (12 Months) 2015 ⁵	67%
ART coverage for PLWHIV, 2015 ⁵	51%
ART site coverage, 2015 ⁵	65%
PMTCT coverage, 2015 ⁵	94%

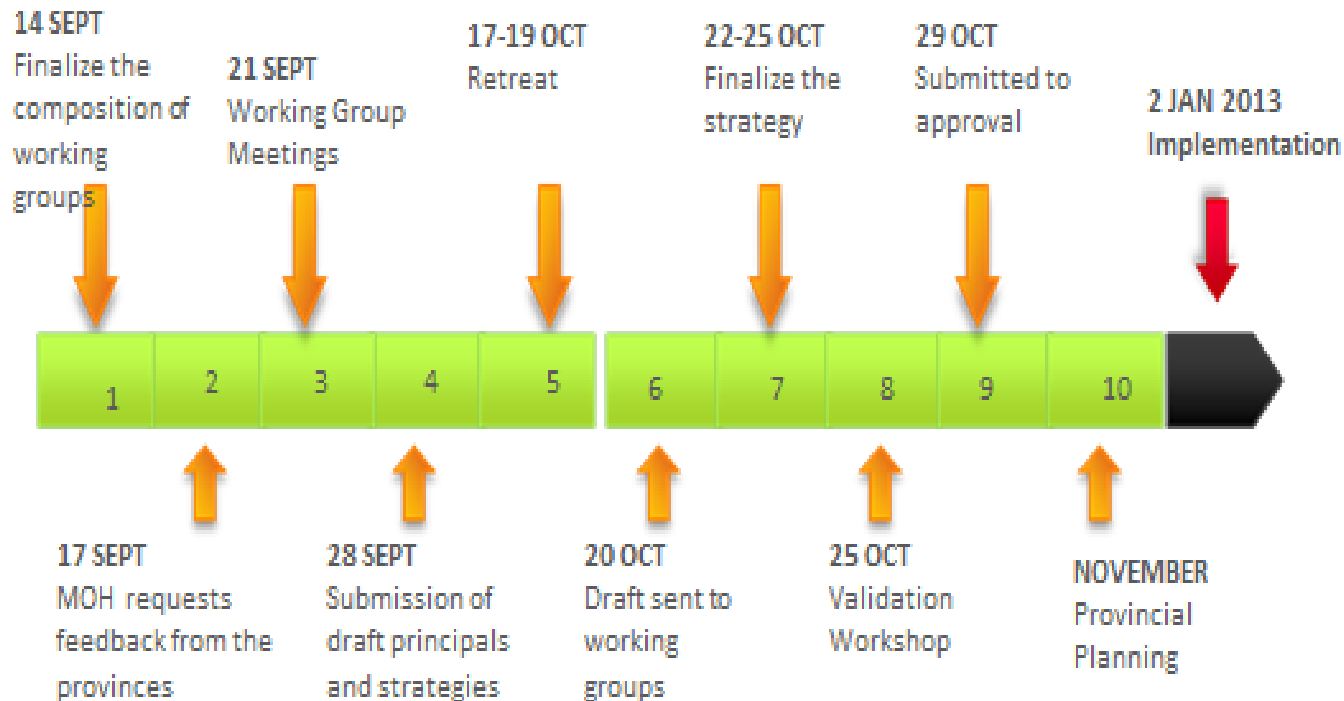
1. INE. População projectada. Moçambique (1900–2040). Retrieved March 24, 2016, from: <http://www.ine.gov.mz/>
2. INSIDA 2009
3. UNAIDS Gap Report, 2014
4. Epidemiologic surveillance round 2011 (ronda de vigilância epidemiologica, 2011)
5. HIV National Program data, - presented in the HIV national meeting March 2016



Background

- In June 2011, the Government of Mozambique ratified:
 - A universal commitment to eliminate mother-to-child HIV transmission; and made:
 - A Political Declaration on HIV to intensify the effort to eliminate this epidemic
- How to operationalize these commitments?
 - Acceleration Plan for the HIV and AIDS response, approved in 2013, extended to 2017

Development of the Acceleration Plan



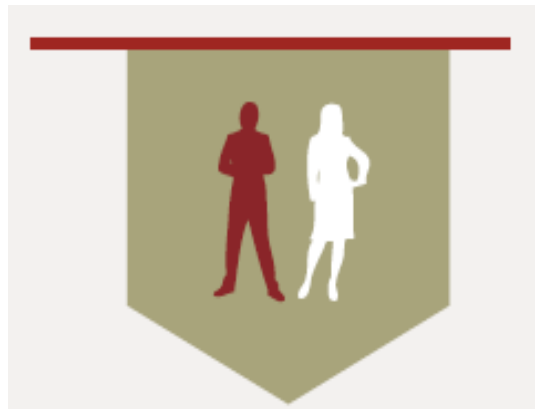
Objectives

INCREASE THE PERCENTAGE OF ELIGIBLE ADULTS AND CHILDREN WHO RECEIVE ART TO 80% BY 2015



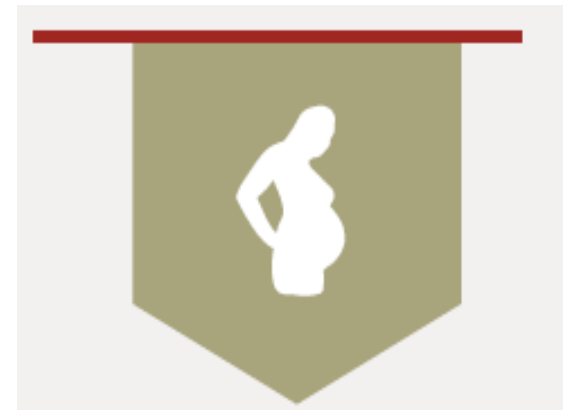
+80%

DECREASE THE NUMBER OF NEW INFECTIONS BY 50% BY 2015



-50%

DECREASE THE HIV VERTICAL TRANSMISSION RATE BY 5% BY 2015



-5%

Source: MoH and Spectrum

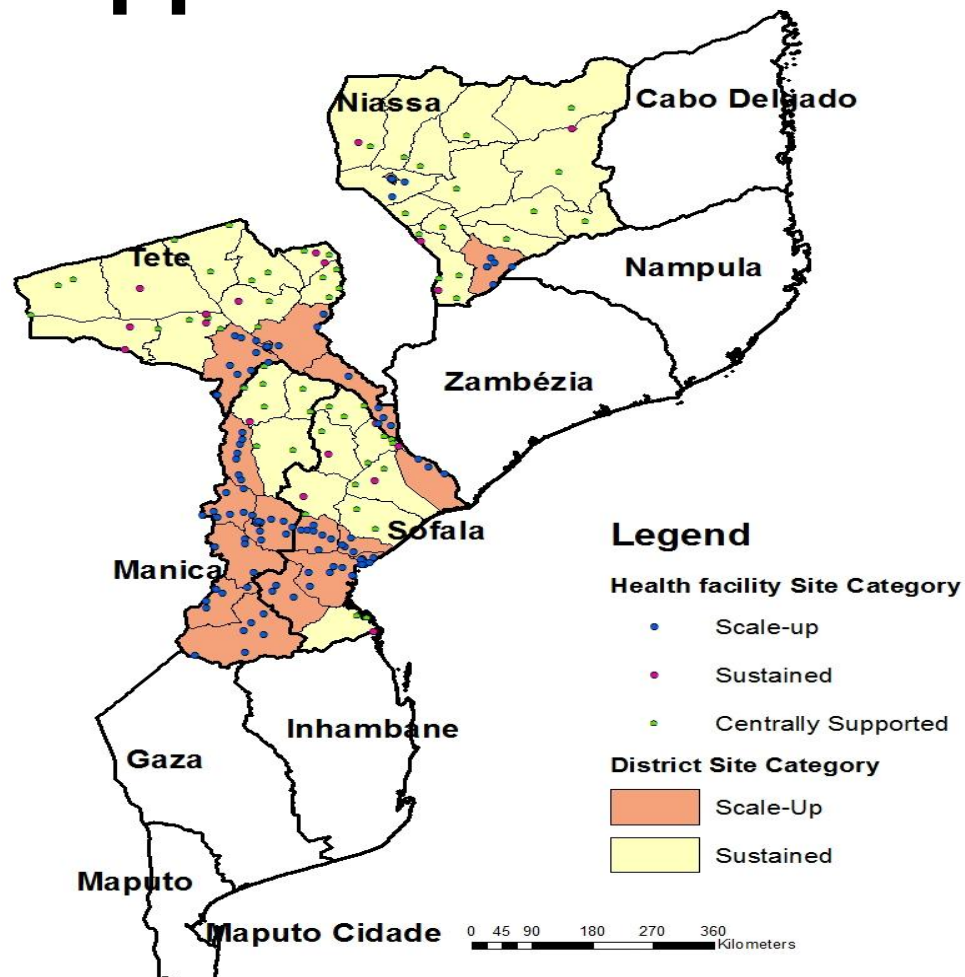
Key approaches

- Task shifting;
- Simplified criteria for establishing more ART sites;
- Involvement of the provinces in the development of the acceleration plan;
- Crucial support from partners in developing and implementation of the plan;
- Technical support from implementing partners

FHI 360/CHASS support for the Plan

Sites supported by USAID through FHI 360 in 4 provinces (Manica, Niassa, Tete and Sofala)

- ART sites: 225
- PMTCT Sites : 281,
- CT Sites : 240

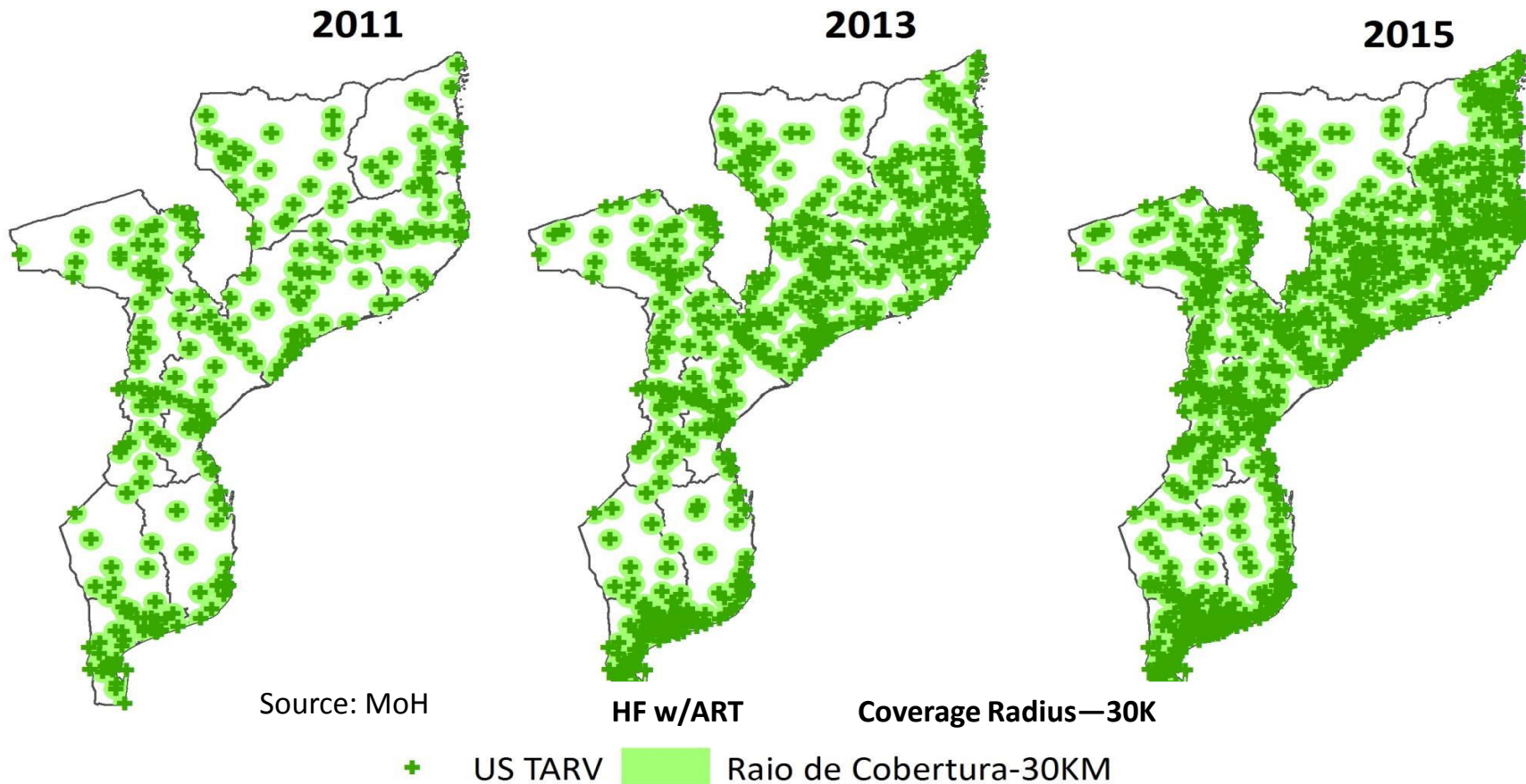


Key Success Factors

- Financial support from international donors mainly US Government and Global Fund has ensured availability of commodities (ARV's, lab reagents, RTK, etc.);
- Support from the community based organizations;
- Prioritization of districts with high HIV burden;
- Introduction of TDF – just one pill a day;
- Adoption of option B+ for PMTCT

Achievements

Mozambique ART sites Coverage (2011-2015)



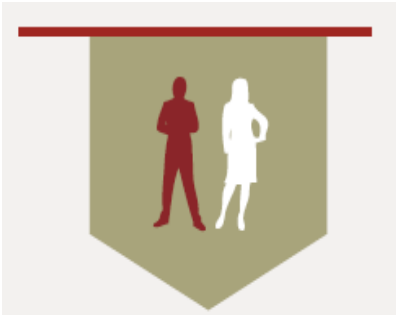
Achievements (1)

**PERCENT OF ELIGIBLE
ADULTS AND
CHILDREN WHO
RECEIVE ART IN 2015**



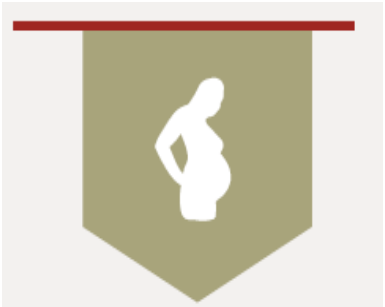
84%

**REDUCTION IN THE
NUMBER OF NEW
INFECTIONS BY 50%
BY 2015**



-12%

**REDUCE THE HIV
TRANSMISSION RATE
FROM MOMS TO BABIES
BY 5% BY 2015**



8.7%

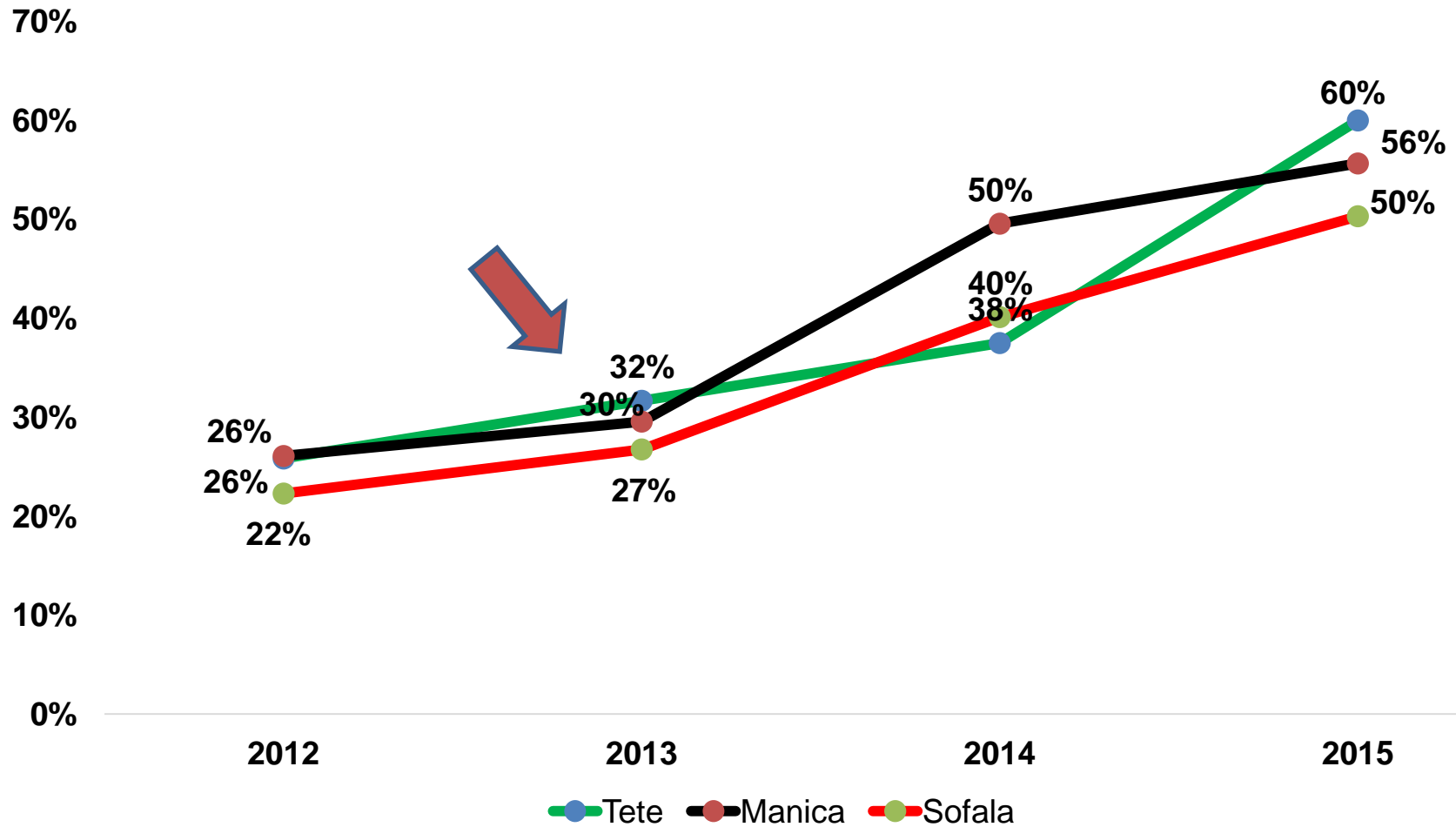
Source: MoH



2016

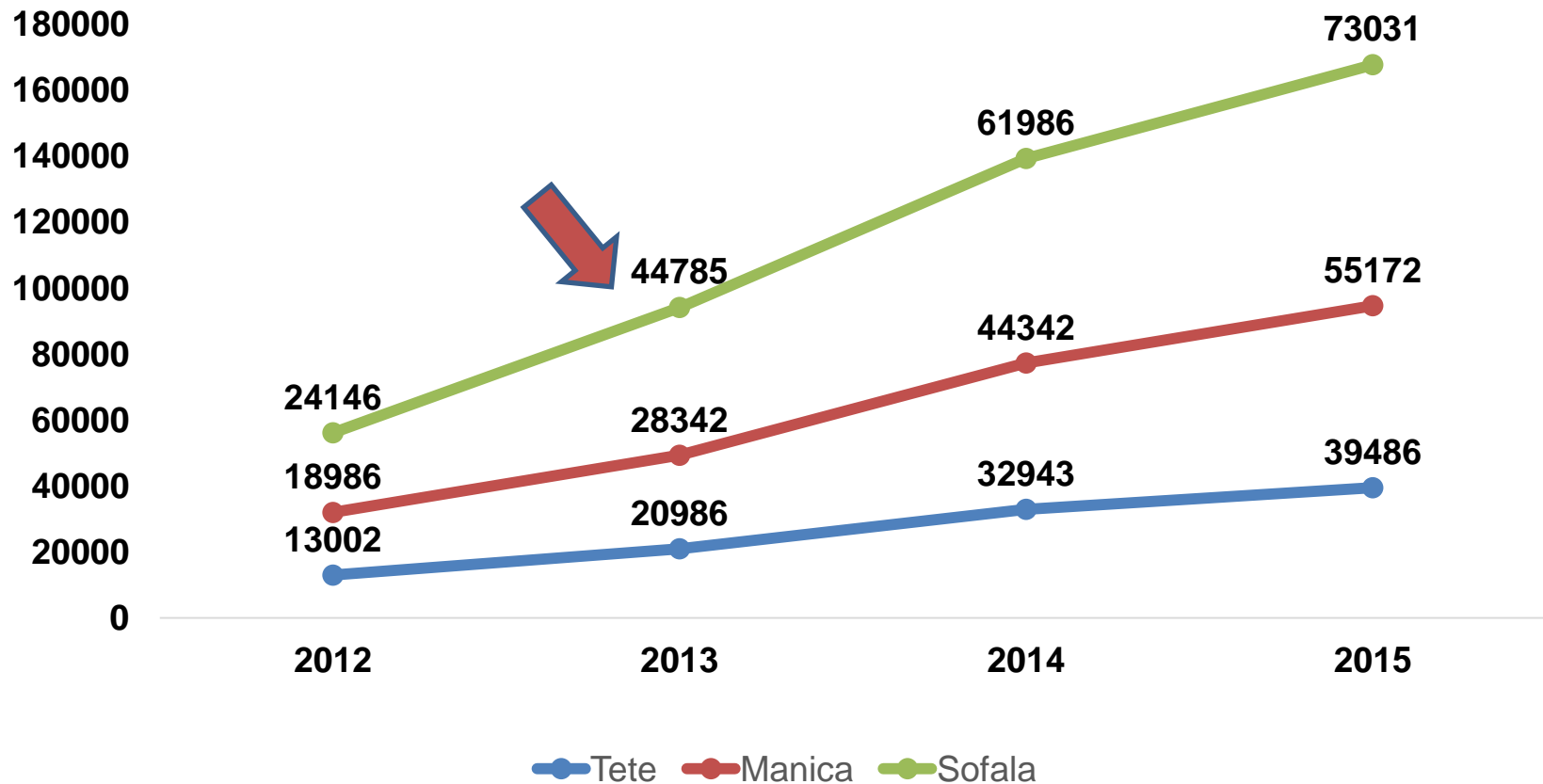
Achievements (3)

ART site coverage by province (2012 - 2015)



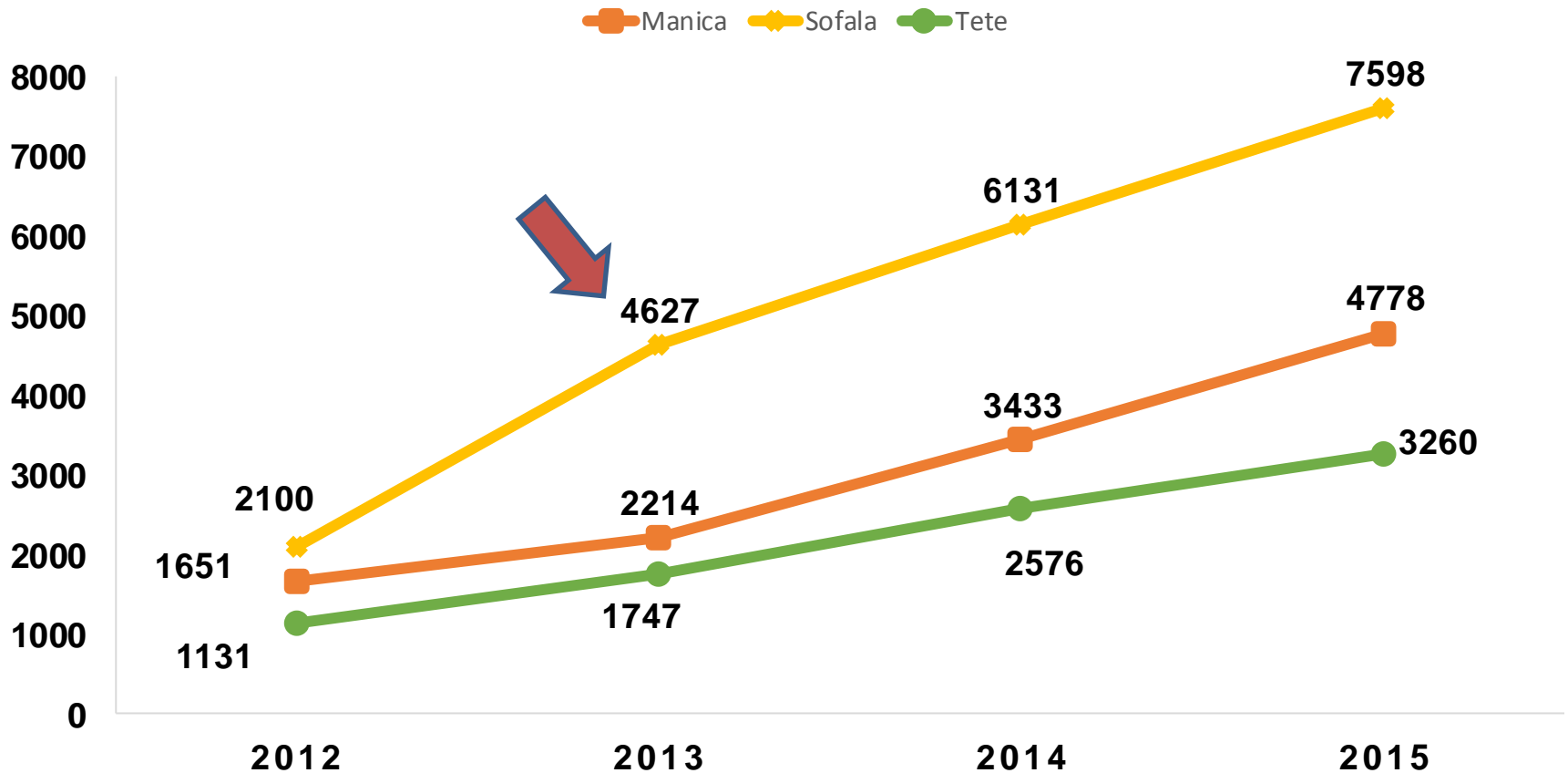
Achievements (4)

Number of adults currently on ART, by province (2012 - 2015)



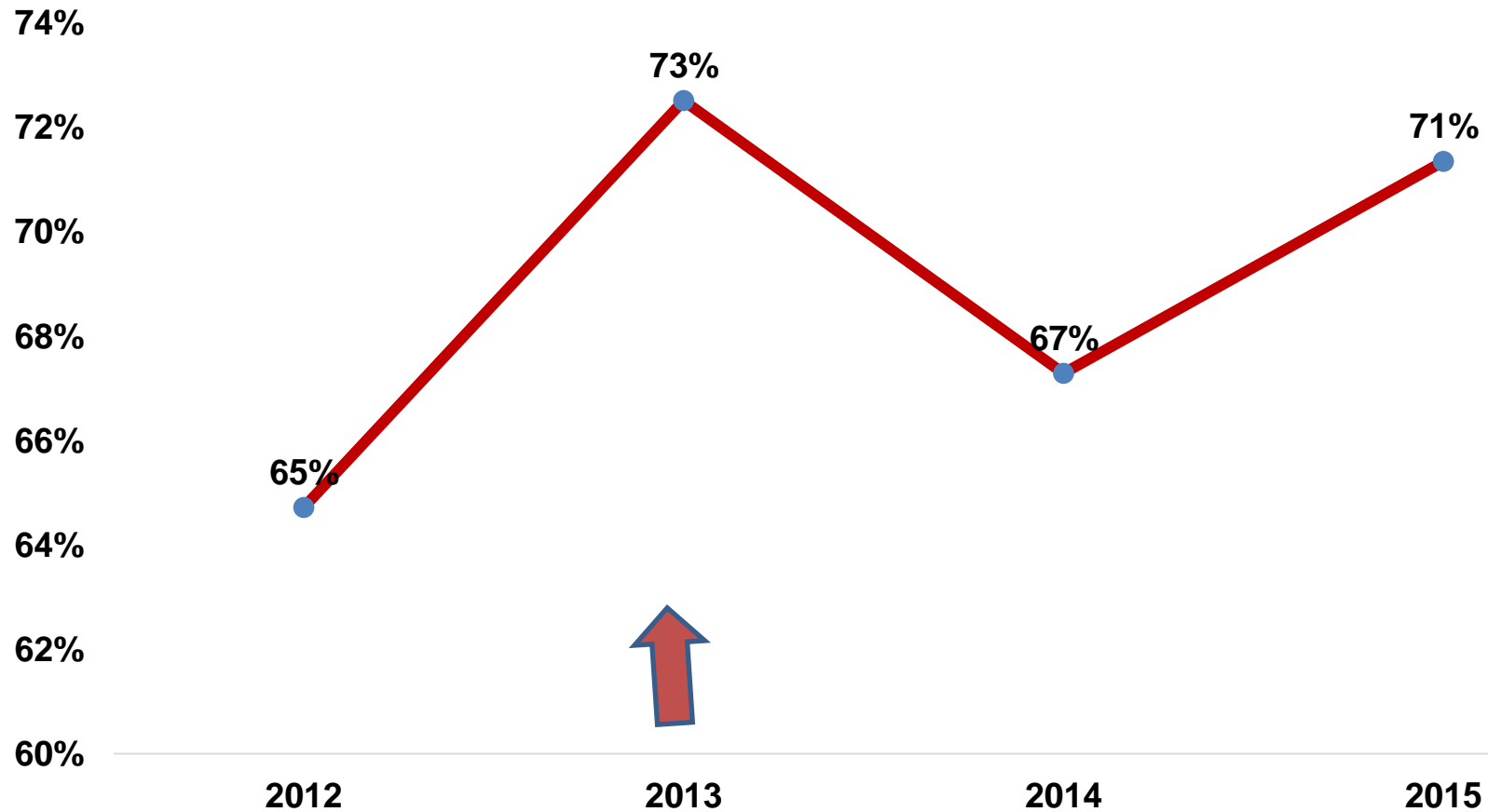
Achievements (5)

NUMBER OF CHILDREN CURRENTLY ON ART, BY PROVINCE (2012 - 2015)



Achievements (6)

% of patients retained on ART (12 months) in 3 province of Mozambique (2012-2015)



Major challenge: Health system



1. Rapid ART expansion
2. Lack of human resources
3. Deficient supply chain due to the huge increase in demand
4. Poor support from the community
5. Poor quality of the services provided

Key Issues

- While there is an increase in paediatric ART coverage, the majority of annual targets are not achieved;
- There is lack of quality regarding clinical follow up of patients in care and treatment – not yet in line with the guidelines;
- The overall quality of ART data needs to be improved, especially regarding early detection and report of LTFU patients;

Key Issues

- Although the community support groups are improving the retention rates, retention in care and treatment is still one of the major challenges;
- Monthly refill for drugs while a stable patient has 2 clinical visits a year
- Inadequate of coordination with community organizations;

Lessons learned

- Support to community organizations and/or coordination between the HF and communities needs to be prioritized as HIV is a chronic disease where communities have a very powerful influence on adherence, retention and thus the quality of the patient's life;
- Due to lack of human resources, the use of lay people to support the HF and community activities is crucial;

Lessons learned

- While there was a rapid “acceleration” regarding ART sites expansion, patients on ART remain concentrated in only 19% of all the HFs;
- There is a need to increase the supply chain capacity (warehouse to store drugs, commodities availability and timely distribution; etc.) and move to three months drug refill to decongest HFs and improve retention;
- There is a need to improve the quality of services provided in the health facilities not only looking at clinical needs but also to the psychosocial needs

Muito Obrigado