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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

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April 14th, 2016
## Overview of Mozambique HIV Epidemic

### Estimated population (2014)<sup>1</sup>
24.3 million

### Estimated HIV Prevalence (age 15 -49), 2009<sup>2</sup>
11.5%

### Number of people living with HIV (all ages), 2014<sup>2</sup>
1,400,000

### Women aged 15 and up living with HIV, 2014<sup>3</sup>
830,000

### Children aged 0 to 14 living with HIV, 2014<sup>3</sup>
160,000

### Deaths due to AIDS (all ages), 2014<sup>3</sup>
45,000

### Orphans due to AIDS (0-17), 2014<sup>3</sup>
610,000

### HIV prevalence in pregnant women, 2011<sup>4</sup>
15%

### Retention Rate (12 Months) 2015<sup>5</sup>
67%

### ART coverage for PLWHIV, 2015<sup>5</sup>
51%

### ART site coverage, 2015<sup>5</sup>
65%

### PMTCT coverage, 2015<sup>5</sup>
94%

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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

14 SEPT
Finalize the composition of working groups

21 SEPT
Working Group Meetings

17-19 OCT
Retreat

22-25 OCT
Finalize the strategy

29 OCT
Submitted to approval

2 JAN 2013
Implementation

17 SEPT
MOH requests feedback from the provinces

28 SEPT
Submission of draft principals and strategies

20 OCT
Draft sent to working groups

25 OCT
Validation Workshop

NOVEMBER
Provincial Planning
Objectives

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

**DECREASE** THE NUMBER OF NEW INFECTIONS BY 50% BY 2015

**DECREASE** THE HIV VERTICAL TRANSMISSION RATE BY 5% BY 2015

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)

Source: MoH

HF w/ART

Coverage Radius—30K

US TARV  
Raio de Cobertura-30KM
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
Achievements (3)

ART site coverage by province (2012 - 2015)

ART site coverage by province (2012 - 2015)
Achievements (4)

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

- Tete
- Manica
- Sofala
Achievements (5)

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

- Manica
- Sofala
- Tete

<table>
<thead>
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<th>Year</th>
<th>Manica</th>
<th>Sofala</th>
<th>Tete</th>
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<td>2576</td>
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<td>2015</td>
<td>4778</td>
<td>7598</td>
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</tbody>
</table>
Achievements (6)

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

- 2012: 65%
- 2013: 73%
- 2014: 67%
- 2015: 71%
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