

TAP

Treatment Acceleration Program

Joint Mission to Mozambique June 19 – 20th 2006

Group Two's Report on the Visit to Maputo

Team Members

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1. Ministry of Health

The team paid a courtesy call on Director of Health, Dr Mouzinho Said and Dr Mula-M&E Officer. The discussion centred on the expectation of the team and the places to visit. The director gave a brief background of the HIV/AIDS in the country and entreated the team to learn as much as they could about Mozambique.

2. Machava Clinic

Machava is a day HIV clinic ran by Sant'Egidio, an Italian NGO. The clinic is ran by two medical officers, two nurses, laboratory technician and records officer and support staff as well as thirty activists.

Currently the clinic has two thousand nine hundred and eighty-three persons enrolled on (2983), of which nine hundred and ninety-seven (997) are on HAART. Of those on HAART, 10% are on second line therapy.

The clinic has networked all its computers, and its database is linked to Sant'Egidio Headquarters in Rome.

2.1. Resources

The clinic is funded by TAP and other donors and their services are absolutely free.

2.1 Partners

The main partners are TAP, Sant'Egidio, World Food Program and Government of Mozambique

2.3 Constraints

- Lack of space
- Inadequate resources

3. Matola Health Centre

Sant'Egidio is running the PMTCT programme in the Matola Health Centre. The centre is made of five nurses, one medical officer, and three activists.

There is 90% PMTCT uptake at the centre. Also 24% of the mothers tested are positive. It is significant to know that of those who are positive and fulfil the national criteria are put on treatment. The rest are put on treatment from twenty-five (25) weeks on wards and continue six months after while practising exclusive breastfeeding.

With respect to newborn babies, only three were positive out of one thousand (1,000) tested

3.1. Constraints

- They had a problem of enrolment at the start of the programme.

4. Centro de Medicamentos e artigos Medicais (CMAM)

CMAM is responsible for the procurement of drugs and medical equipment. They have two main warehouses where their supplies are kept. CMAM has three ways of distributing their supplies i.e. the essential medicine kits and safety stock, classical distribution by requisition and ARVs.

CMAM gets the following information on a monthly basis:

- Patients on each regimen
- Stock on hand
- Stock received
- Stock consumed
- The first expiry date

The above information is sent to CMAM on the 10th of the ensuing month. After analysing the information, each health units' requirements are packaged and sent through the provinces.

The centre experienced stock out in only Abacavir and emergency procurement was done with TAP funds.

4.1. Quality Assurance

To avoid substandard drugs, CMAM relies on WHO pre-qualified drug manufacturers.

4.2. Cost of ARVs

First line first choice treatment ranges from one hundred (145) to one hundred and fifty-four (154) dollars per year per patient.

First line second choice is 388 dollars per year per patients

Second line treatment ranges from two thousand one hundred and two (2,102.40) to two thousand nine hundred and seventy (2,970) dollars per year per patients.

The total cost of ARVs for 2005 was \$5.1 million and the total number of PLWHA on treatment as at the end of 2005 was 18,000.

4.3. Funding

TAP funds were used to procure all the ARVs in 2005. Funds from PEPFAR and other donors were also used.

4.4. Constraints

- Bureaucracy with the big drug manufacturers

5. Paediatric Hospital, Maputo Central Hospital

The paediatric unit was set up in 2004 with support from UNICEF, France Co-operation and University of Colombia. The unit is manned by three medical officers, three nurses, two psychologists and two nurse aids, two IT officers, two pharmacists and one administrator.

The unit caters for children up to fourteen years of age. For paediatric care 92,000 are in need of treatment and only 2,100 are on treatment.

The hospital is reference and training centre so all medical students come to the centre to be in paediatric HIV.

5.1. Constraint

- Inadequate human resources and skills

6. Research and M & E

The unit undertakes research into various treatment activities such as efficacy of Nevirapine, ARV adherence, Kaposi Sarcoma.

Also they maintain a very good database in which a lot of analyses are done.

The unit carries out monthly supervision and visits to other sites as well as home based care. Data gathered from these visits are sent to the M & E office at Ministry of Health.

7. Youth Friendly Clinic

The clinic started in 1999 and its part of the central hospital. It provides the following services:

- Counselling
- Contraception
- STI management

In 2001, it started HIV testing at the centre to reduce waiting time and encourage more youth to know their sero-status.

In 2005, the unit started treatment with support from TAP. Currently, there are one hundred and seventy-eight (178) people who are HIV positive with thirty-three (33) on ART. The centre undertakes home-based care, which essentially is home visit by activists.

The centre caters for youth between 10 to 24 years. There is peer-counselling and support group for HIV positive people. Adherence to treatment at the centre is good and there is no treatment failure too.

7.1. Human Resource

The centre is made of one medical officer, four nurses, 28 activists, and one psychologist.

7.2. Constraints

- Lack of funds for documentation
- Financial sustainability