

TAP

Treatment Acceleration Program

Joint Mission to Mozambique June 19 – 20th 2006

Group one's Report on the Visit to Sofala

Team Members

Dr. Alfredo MacArthur, Ministry of Health, Mozambique
Dr. Gertrude Machatine, Ministry of Health, Mozambique
Dr. Georges Ki-Zerbo, WHO-AFRO
Dr. Ye Xiaohui, WHO-AFRO
Dr. Donald Sutherland, WHO
Mr. Yinka Adeyemi, ECA
Ms. Bina Valaydon, World Bank

1. Introduction

The Sofala team comprised of Dr. Alfredo MacArthur, Ministry of Health, Mozambique, Dr. Gertrude Machatine, Ministry of Health, Mozambique, Dr. Georges Ki-Zerbo, WHO-AFRO, Dr. Ye Xiaohui, WHO-AFRO, Dr. Donald Sutherland, WHO, Mr. Yinka Adeyemi, ECA, and Ms. Bina Valaydon, World Bank Maputo. Officials of the MOH received the team at Beira airport. Shortly after, the team visited the Provincial Medical Chief to brief him about the mission objectives and seek his own perspectives on the TAP.

2. Background

Sofala is located in the North of Mozambique and is linked to Zambia, Malawi, and Zimbabwe. The population is 1.5 million and HIV prevalence is high.

Lab findings: The equipment was minimally adequate; CD4 equipment in good, functional condition; maintained every 3 months. Trained technical staff working in CD4 (1 person) and VL testing (1 person); Service network in place for CD4 and VL test,

3. State of advancement of treatment of PLWHA

Views of Provincial Directorate

- 40,000-50,000 people in need of treatment
- (3000 +) in treatment in six centers in Sofala
- 18,000 registered and 7,200 eligible
- VCT in almost every district (National 157 Sites); 222000/184000 Clients Reached
- CHBC 29,000/27,000 clients reached
- National treatment guidelines available and used
- ART drugs delivered from a central point to the districts according to a quota system
- ART sites have to be approved and have a quota of patients allowed to treat.
- One lab in the Province for CD4 counts, initiation of treatment and ART monitoring.
- TB/HIV: 35,000 TB patients (4000 in Province with 70% prevalence);
- One of the IPs is working more closely with the MOH, Health Alliance International
- Patients are received from Beira and neighbouring provinces
- Day hospitals close to saturation
- Quarterly reports are not shared regularly with CMO

4. Implementing Partners

4.1. HAI - Beira Central Hospital, Pontajia

4.1.1. Key Developments

- Uptake of HIV services continues to increase in the existing day hospitals (DH) and is also very high in the new sites (see Graph 1 and Table 1)
- Cala Health Center started actively recruiting and preparing patients for starting ART but needs to become fully operational
- 40 health care workers trained in the diagnosis and treatment of OIs
- Support to the 31 VCT sites (17 fixed, 9 satellites and 5 youth VCT). The number of people tested increased 23% compared to the previous quarter (nearly 14,200). The seroprevalence rate was 35% (29% male, 44% females)
- TB/HIV integration continues. Nearly 80% of the TB program patients have been tested for HIV. It is estimated that 90% of the TB/HIV co-infected patients receive cotrimoxazole and DOTS
- 3 new PMTCT sites opened, bringing the total number of sites to 29. Of the nearly 16,500 pregnant women who had a first pre-natal visit in the sites with PMTCT, 71% (11,716) were counseled and tested for HIV, and 16% were positive
- Home-based care activities continue with over 425 volunteers providing care for almost 3,200 clients, 64% of which are women
- Short OR course planned in the central region, currently several research activities are being developed
- Patients are received from Beira and neighboring provinces
- Reaching saturation of patient load for available personnel and facilities. Need to build network of ART sites with strong supervision/mentoring and referral systems under coordination from directorate.

4.1.2. Problems and suggested solutions

- Improvement of coverage of HIV services through the decentralization of care and expansion of testing while maintaining quality standards of care.
- Human resource constraints are the biggest limitation for the expansion of services.
- Insufficient infrastructure and poor laboratory capacities
- Numbers of new patients keep rising and clearly this generates important challenges in terms of providing efficient and quality services.
- Providing ART integrated into the other services where the number of patients is manageable. Crowded sites, like Dondo, have problems with chronic care.
- Caia has experience for getting teams operational.
- Limited availability of 1st line drugs (delays from provider IDA).

- Need to improve the alert system for stock out prevention at the central level so we can buy medicines or supplies in timely fashion for contingency funds in order to avoid these situations.

4.1.3. Critical issues for the next quarter

- Submission of budget revision.
- Decentralization of ART sites.
- Improve medicines procurement and supply management.
- Continue identification and solving of day hospital priority organizational problems.
- Development of mechanisms to improve M&E.
- Improve flow of pregnant women and TB patients to improve access to ART.
- Hire two clinical advisors, continue IHN meetings.
- Creation of ORC managerial and technical committees (pending administrative approval).

4.2. Sant' Egidio – Mangachingussura

- VCT conducted in an integrated network of centers
- 1,269 VCT sessions in last quarter, 15,299 VCT sessions since beginning
- CHBC: nutritional supplements – 3,349 patients involved
- Support to local NGOs
- Main IP for lab services: 7,814 CD4 counts and 2,377 bio-chemical tests and 8,428 hematological tests conducted
- Lab findings: equipment was adequate but not well utilized for current work load and unlikely to be able to keep pace with proposed scale up if centralized model continues; CD4 equipment in good, functional condition, maintained every 3 months; trained technical staff working in CD4 and VL testing; service network in place for CD4 and VL tests.

4.2.1. Patient Tracking System

MOH/HAI

- Manual/computerized recording system
- Data analyzed and continuous improvement system in place
- Data shared with MOH

MOH/Sant' Egidio

- Computerized system
- Data used primarily for patient-based follow-up
- Need to improve the regular active sharing of data with MOH

4.2.2. Drug resistance monitoring

- CD4 enumeration: 1,880 – 2,384 tests/month, 100 tests/day
- Viral load: 250 – 400 tests/month, 2,752 VL tests conducted
- There is no specific HIV drug resistance prevention, surveillance or monitoring program or activities in place in Sofala province
- There is an assumption that persons showing “treatment failure” are having drug resistance. No genotyping testing done but some consideration is being given to using viral load monitoring as indication of resistance to current ART regimen
- Currently HAI uses CD4 counts monitoring to determine treatment failure and shift to second line; currently Sant’ Egidio uses viral load to address the same question
- MOH in the province and both IPs would welcome development of HIVDR surveillance and monitoring as well as early warning indicator collection. The EWI collection analysis and interpretation will require common data collection at all ART sites and using that data at a provincial/national level for analysis.

4.2.3. Difficulties implementing ARV in the field

- Coordination
- Flexibility in disbursement and allocation procedures to adapt to field constraints
- Late disbursement and delayed medicine and commodities procurement procedures
- Need to increase number of personnel (Physicians and lab techs, other personnel).
- There are trained staff who are currently not authorized to initiate treatment of OIs/ART (physicians)
- Supply of ARVs could be improved
- Integration of MCH with PMTCT; integration of ART and TB sites
- Drugs for children are formula-based, not combined – revise pediatric Art formulations
- Only 9-10% of children in need receive ART, challenges for pediatric ART scale-up
- High staff turn-over in one of the IPs
- Current policies not adapted to provincial commitment to scale-up (eg centralized decision making to initiate ART, CD4 counts pre-requisite, Time lag between clinical diagnosis and treatment, site authorization)
- In the Lab, CD4 instrument does not automatically produce CD4 count; Lab calculates CD4 counts from WBC. The WBC cannot be saved in computer system quickly due to lack of personnel, causing CD4 counts report usually delayed for one week
- Occasional power outages; generator not working optimally, impacting the result of VL test
- Laboratory capacity can reach more if the logistical support (e.g. reagents, and more trained data entry personnel can be provided).

5. Recommendations

- Support country commitment and ownership
- Align TAP support with National HIV/AIDS scale-up strategic framework and plans
- Patient tracking systems in existence in PMTCT and TB sites can be easily integrated to include ART monitoring
- Use WHO and partners evidence-based normative guidance to support national scale-up policies and plans using public health approach
- Build network of ART sites with strong supervision/mentoring and referral systems under coordination from directorate
- Support integrated management of adult and childhood illness including:
 - Developing routine testing and counseling in health care settings
 - Decentralizing prescription of 1st line ART regimen based on WHO/partners guidelines
 - Mainstreaming nutrition into programs
 - Strengthen medicines and commodities procurement and supply management
 - Strengthen linkages with community and home-based services
 - Support the provincial authorities and particularly ART coordinators
 - Strengthen linkages between treatment and prevention components
 - Patient tracking systems/ART monitoring systems by using multiple entry points (TB, PMTCT, Pediatric care, CHBC)
- Harmonize data type from all sites to facilitate sharing and programmatic decision-making
- Develop the operational research agenda focusing on continuous quality improvement of program outcomes
- Develop human resource capacity to support the scale-up and consider policies on retention, task shifts, and formative supervision and evaluation processes
- Continue support to rehabilitation of infrastructures
- Provide support to provincial ATM coordination
- WHO revised guidelines available to support national scale-up policies and plans (eg best use of CD4 counts and VL in scale-up situation in resource-limited situations)
- Operational research to focus on site-specific M&E, gender analysis, quality and safety of scale-up plans
- Create a provincial database of core indicators from all partners/sites coordinated by MOH
- Support creation of provincial MOH database of core indicators from all partners/sites
- Provide technical support for external quality assessment for viral load testing (WHO/AFRO network)
- Support monitoring of HIV drug resistance using early warning indicators and WHO population-based threshold survey protocol.