

Increasing Access to HIV Care and Treatment for Children in Four Provinces of Mozambique, 2007-2011

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Background: Since February 2006, EGPAF's PEPFAR-supported program has provided technical assistance to the Mozambique Ministry of Health to scale-up HIV prevention, care and treatment services, including in the most remote districts of the country. While care and treatment services for adults expanded rapidly, services for children lagged behind.

Three specific strategies were implemented since 2008 to increase access to care and antiretroviral therapy (ART) services for children: 1) policy change allowing medical technicians (non-MDs) to prescribe ARVs for children necessary to decentralize pediatric care and treatment to peripheral health facilities; 2) implementation of pediatric clinical mentoring; 3) expansion of early infant diagnosis (EID) using dried-blood spot PCR testing and SMS printers to improve timely access to ART.

Methods: Data collected at EGPAF-supported sites in Nampula, Gaza, Cabo Delgado and Maputo provinces from January 2007-September 2011 were retrospectively analyzed.

Results: The access to EID was expanded from 4 sites in January-March 2007(13% of health facilities with PMTCT services) to 114 sites by September 2011 (46% of health facilities with PMTCT services). The percentage of HIV-exposed infants followed in child-at-risk clinics with access to EID increased from 19.1% in Oct-Dec 2007 to 76% by July-September 2011 (Fig.1). By September 2011, 15,006 HIV-infected children were enrolled in care and 6,360 (42%) had started ART. The percentage of children among newly enrolled ART patients increased from 4.2% in January – March 2007 to 11.5% by July – September 2011. Among children starting ART, the percentage of children under two years of age increased from 4.3% in January-March 2007 to 38% in July and September 2011 (Fig 2)

Conclusion: Policy changes that allowed task shifting of ARV prescription, combined with clinical mentoring and building EID capacity enabled Mozambique to successfully increase access to care and treatment for HIV-infected children, in particular those below two years of age.

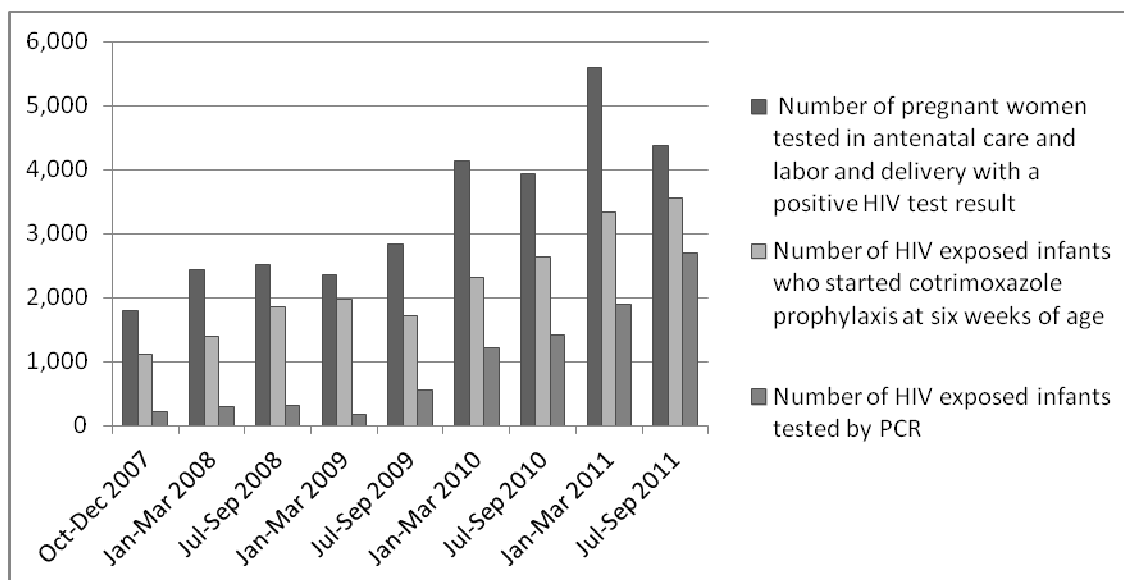


Figure 1: EID in EGPAF-supported sites

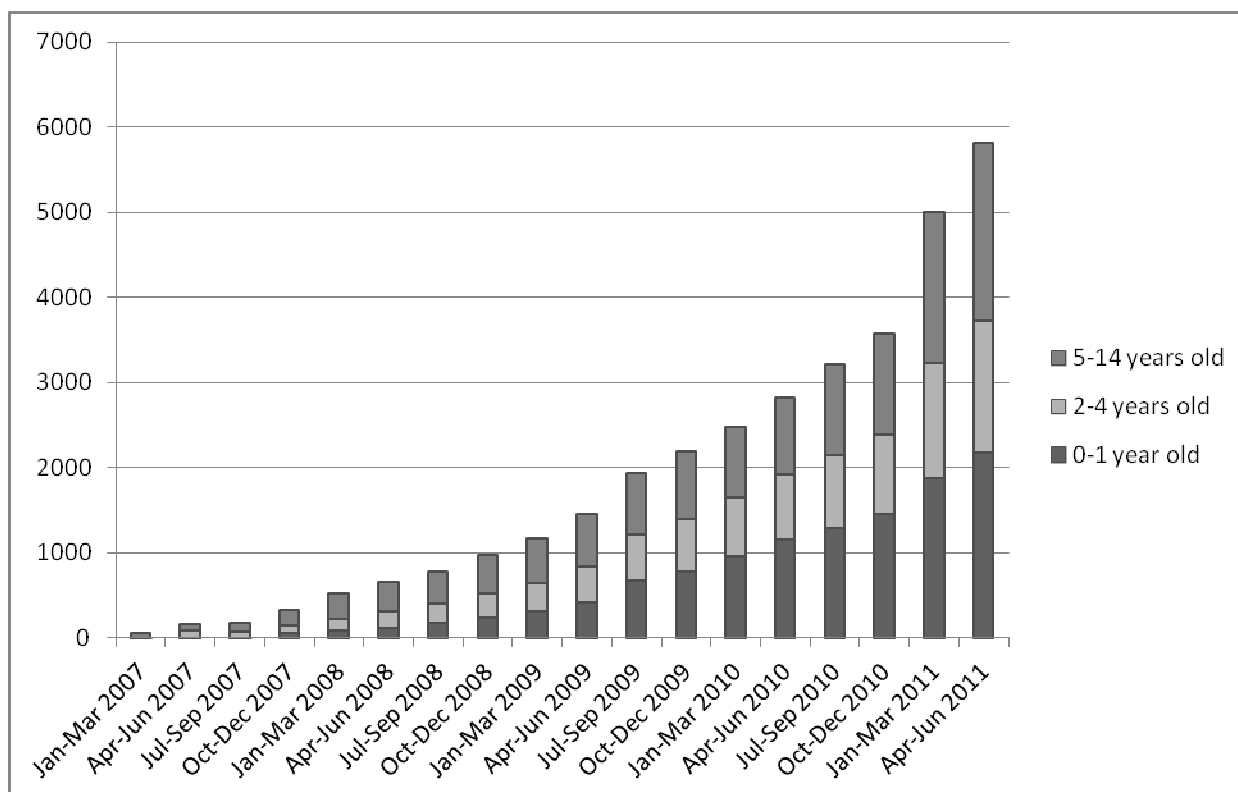


Figure 2: Cumulative Enrollment of Children in ART by Age at EGPAF-Supported Sites