Reducing Loss to Follow-up of HIV Exposed Infants in Central Mozambique

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BACKGROUND: Preventing mother-to-child transmission (PMTCT) remains a challenge in central Mozambique, where HIV prevalence in pregnant women is 15.8%, MTCT rates are 6%*, and over 50% of exposed infants are lost to follow up (LTFU) before receiving appropriate diagnostic testing or treatment. CIOB, in collaboration with UW and HAI, CIOB undertook a study to identify weaknesses within the cascade of care and designed a targeted intervention to reduce LTFU of HIV exposed-infants. *UNAIDS 2014

METHODS: Formative research was undertaken at 6 health centers in central Mozambique between September and November 2014. Weaknesses in the cascade of care were identified using registries, qualitative interviews, focus groups and flow mapping between post-partum (CPP), high-risk child clinic (CCR), and HIV clinic (TARV). Intervention was Steppe-Wedge design, during 2016, 2 HF for each 3 months, 1 months for evaluating process, analysis we use R, logistic regression and negative Binomial model

FORMATIVE RESULTS : GAPS & WEAKNESSES

Only **55%** of exposed infants referred for PCR

Only **24%** HIV+ infants initiated on treatment

67 Positive PCR results → **41 patients received results** → **16 infants initiated ART**

76% of Positives Never initiated ART

HF & Social factors: Waiting times, stigma, poor model of referral, poor male involvement, and acceptability HIV result

Intervention

CPP → CCR ✗ HIV Clinic

Patient tracking system

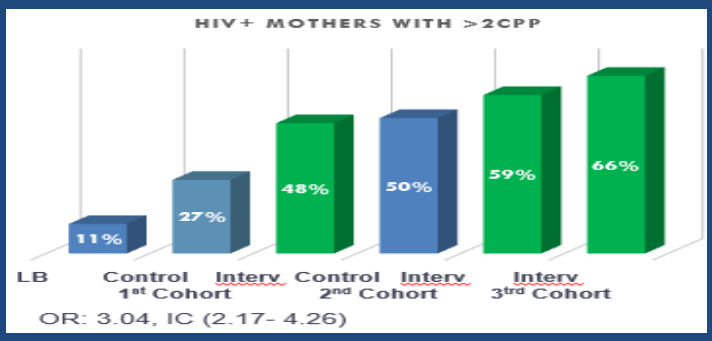
- Paper chart created at first CPP
- Nurses review charts daily and >4 weeks, the activistas contact the mother

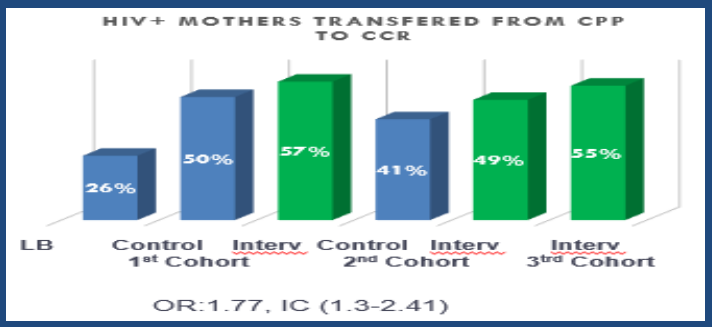
ACTIVISTAS

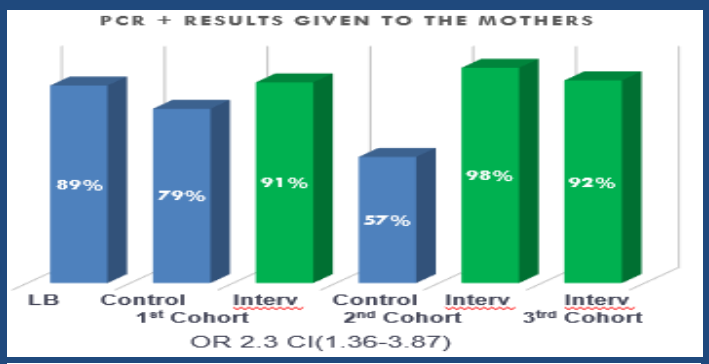
- Make home visits, call, and send SMS to mothers
- Physically accompany mothers from CPP to CCR

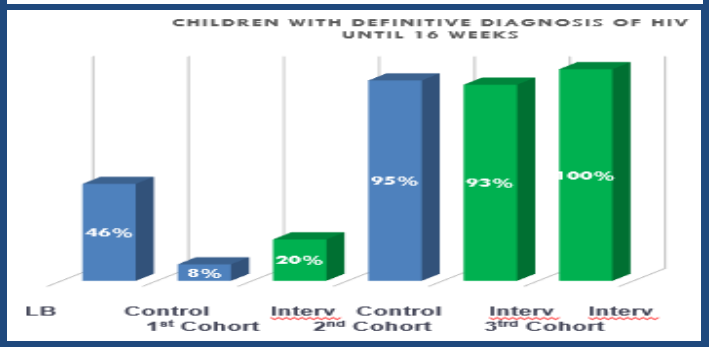
ART in CCR

- No additional referral to HIV clinic
- HIV testing and treatment available in CCR









Conclusion

The data also suggest that EID and earlier initiation of HAART can be incorporated into CCR.

The intervention improved the link between CPP and CCR

At CCR there was an improvment of PCR result reception as well as the final diagnosis of the enrolled children.

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