

Strengthening Health Systems by Improving HIV Care: Experience of Central Mozambique

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PEPFAR Implementer's meeting,
Plenary Session on Integration
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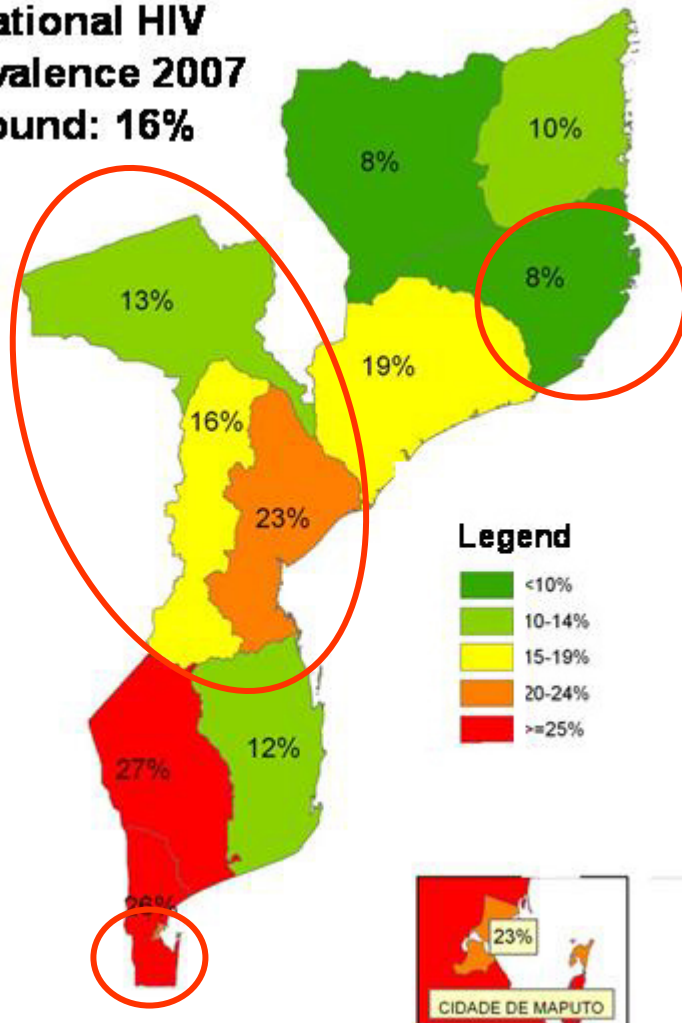
Basics about Mozambique

- Population ~20 million
- Population living with less than \$2/day: 74.1%
- Healthy life expectancy at birth: 37y
- Physicians per 100,000: 3
- Nurses per 100,000: 21
- Health expenditure per capita \$42



HIV prevalence in Mozambique

National HIV
prevalence 2007
round: 16%



- ~ 2 million PLWHA
- ~ 400,000 requiring ART
- Also high prevalence of
 - Syphilis (~8%)
 - Malaria (13-80%)
 - TB (624/100,000)
 - Malnutrition (5-40%)

HAI's Approach

- Work from within the health system at all levels (national, provincial, district and health facilities)
- Broad support for MOH priorities
- Offices located in the MOH
 - Advisors working with MOH program managers
 - Multidisciplinary teams:
 - Clinical advisors, MCH, M&E, laboratory, HBC and community mobilization/VCT program assistants
 - Integrated supervision, technical support, clinical mentoring, and continued education on site.
 - Include financial and logistics support

HAI's Approach (2)

- Plan jointly - respond to local priorities at provincial and district level
- Strengthen human resources
 - Pre-service training, task shifting, lay workers
 - Funds to hire recent graduates
 - Strategies to improve staff allocation
- Improve infrastructure:
 - Outpatient services, laboratories, maternity wards
 - Housing for staff
 - Training center
- Support program monitoring and evaluation
- Promote operations research
 - *Beira Operations Research Center*
- Strengthen supply chain management

HAI's Approach (3)

Integrate vertical programs into comprehensive PHC, expanding and decentralizing services:

- Integration of OIs and ART (adults and children)
- PMTCT as part of a basic package of ANC services
- C&T into routine clinical services
- HIV/TB programs
- HBC strengthening links to health care and the community
- Food support and Insecticide treated bednets with HIV care and ANC

HAI's Approach (4)

- Avoid vertical programs that:
 - Provide direct service delivery
 - Develop parallel logistics and M&E systems/data reporting
 - Employ norms and procedures that differ from national health system
 - Fail to foster strong ties to wider health systems

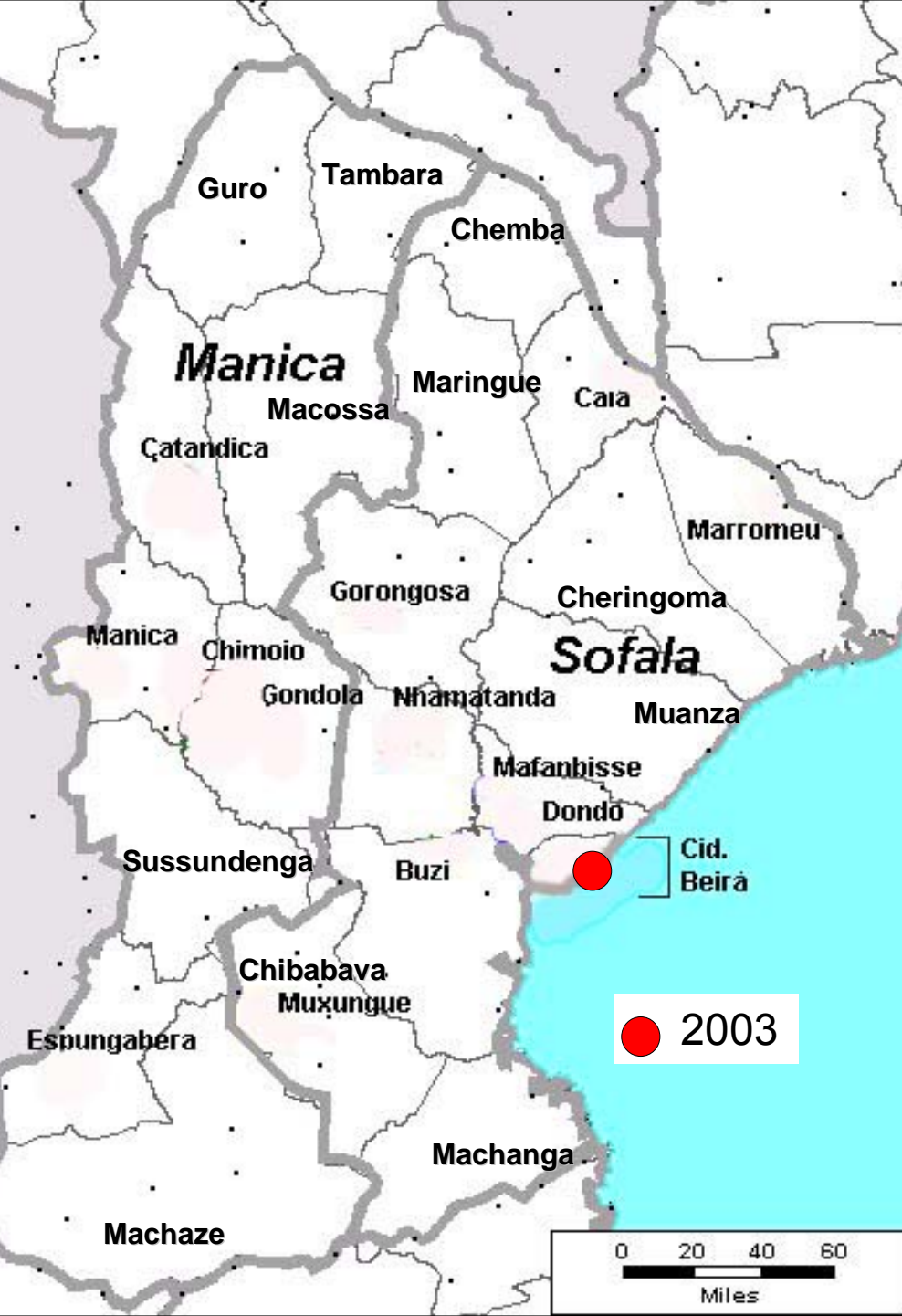
HIV Treatment Expansion Plan

2003

HF Providing HAART
1

PLWHA Registered
2,000

Eligible in HAART
94



Free ART in the public health sector

2004

HF Providing HAART

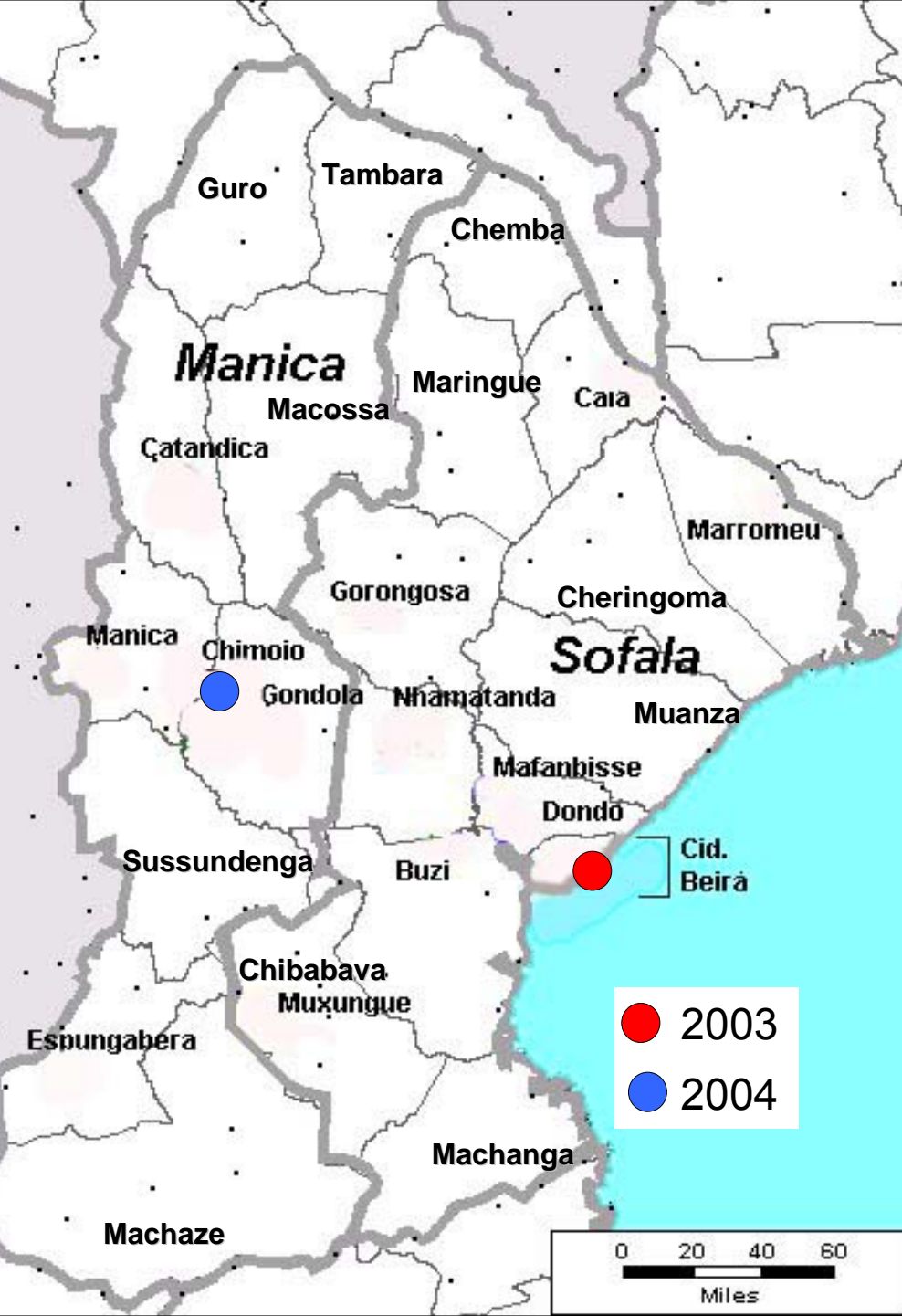
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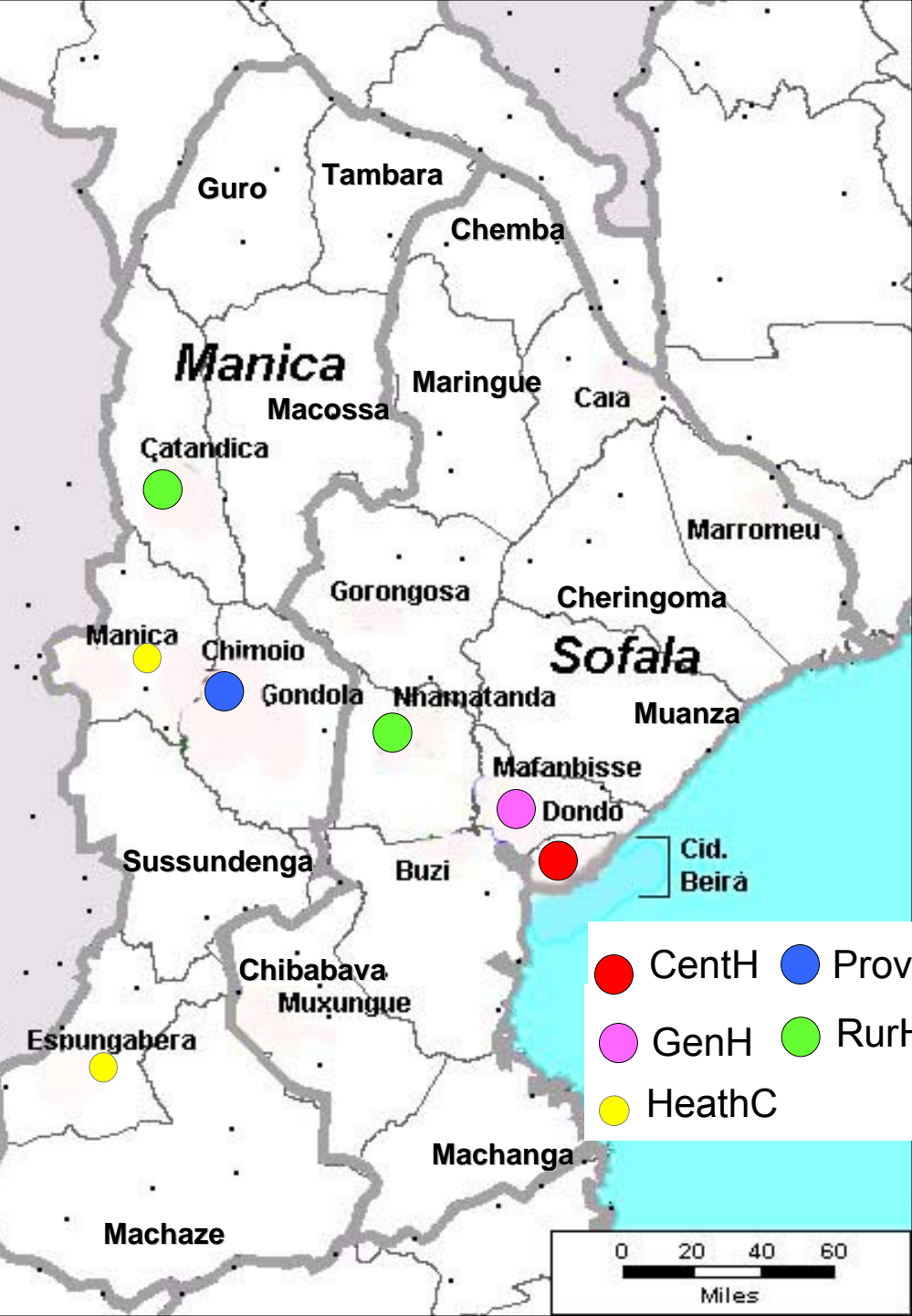
PLWHA Registered

7,300

Eligible in HAART

600





2005

HF Providing HAART
7

PLWHA Registered
18,600

Eligible in HAART
2,520

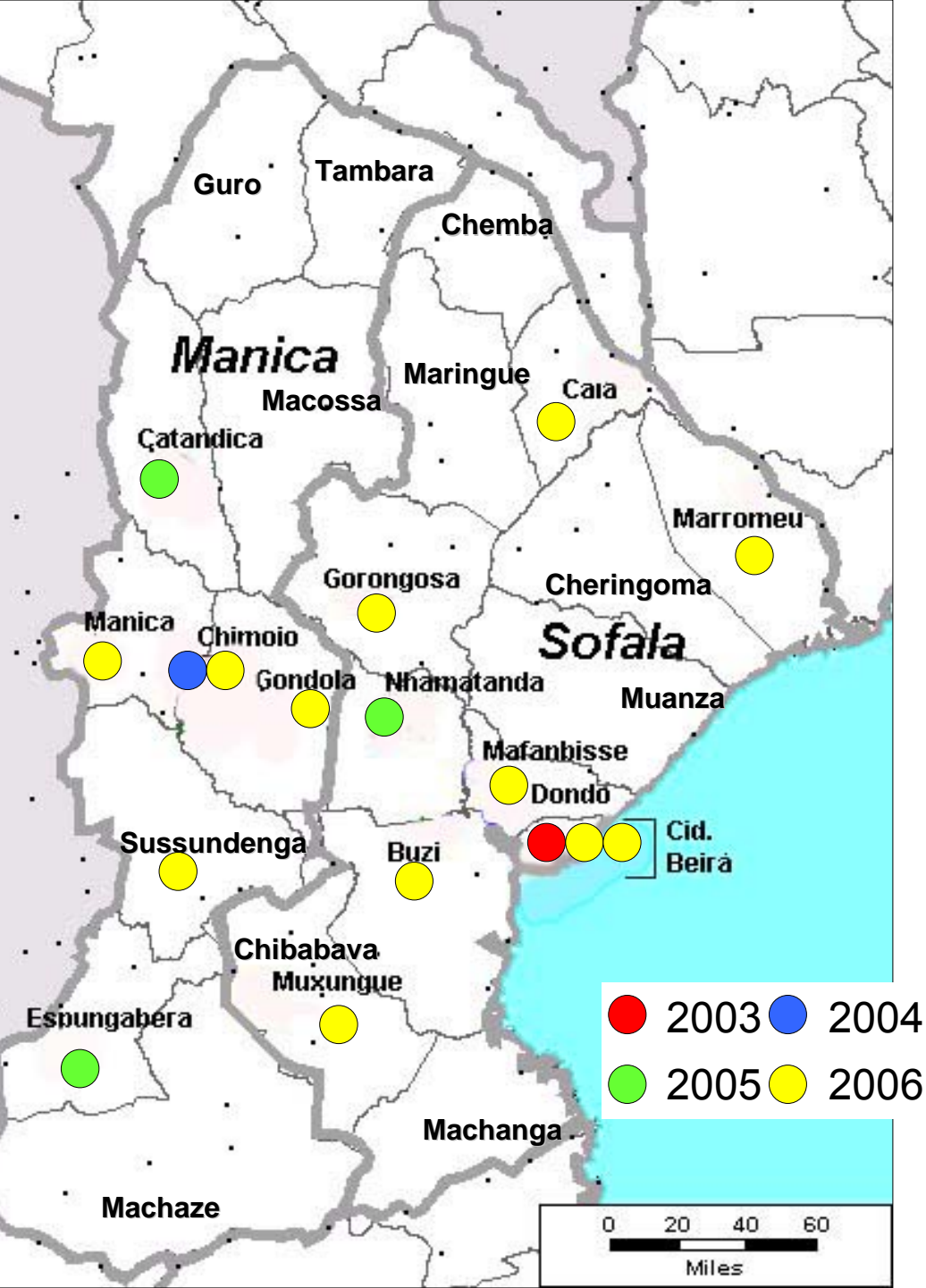
Decentralization to rural sites

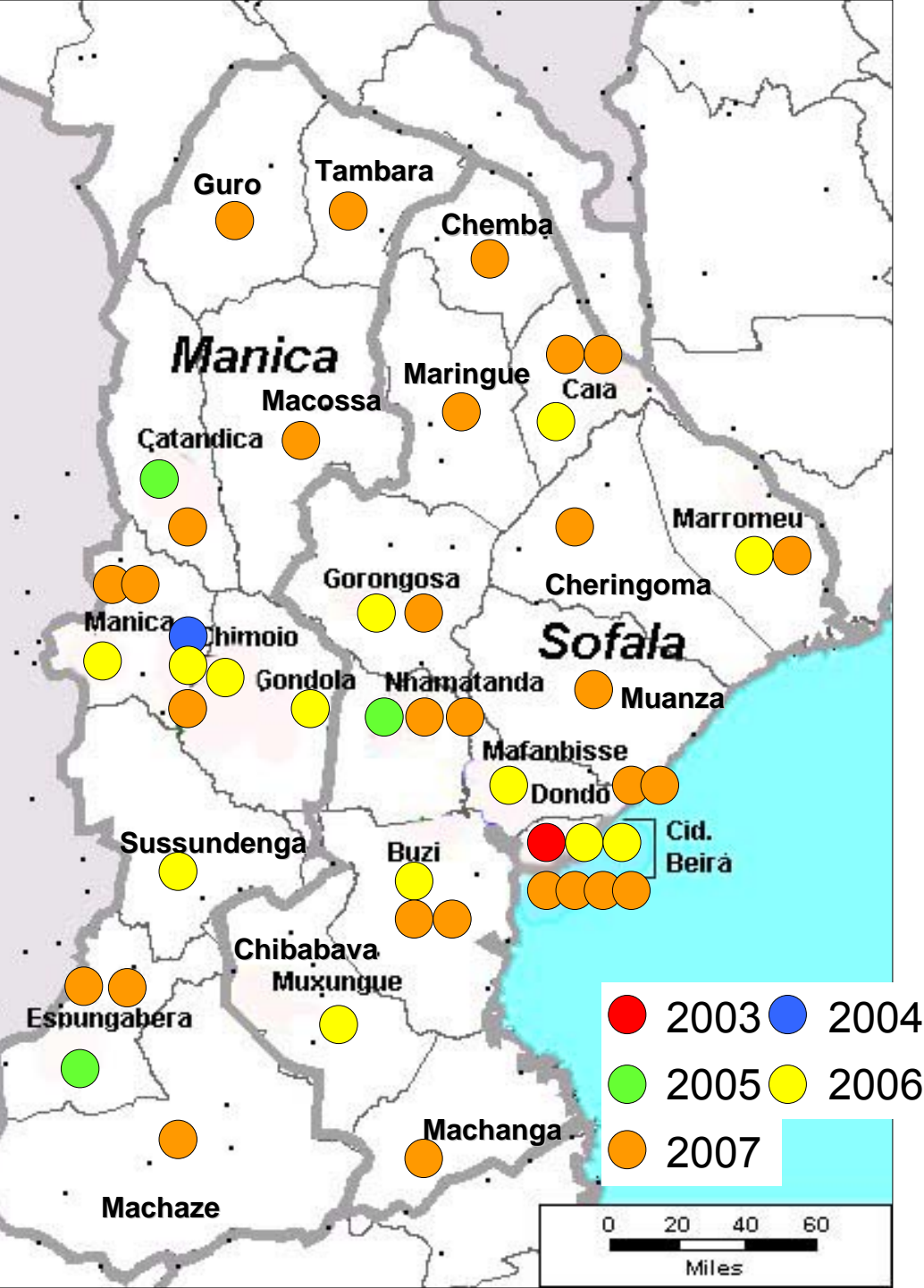
2006

HF Providing HAART
17

PLWHA Registered
36,270

Eligible in HAART
5,250





2007

HF Providing HAART
47

PLWHA Registered
63,390

Eligible in HAART
13,225

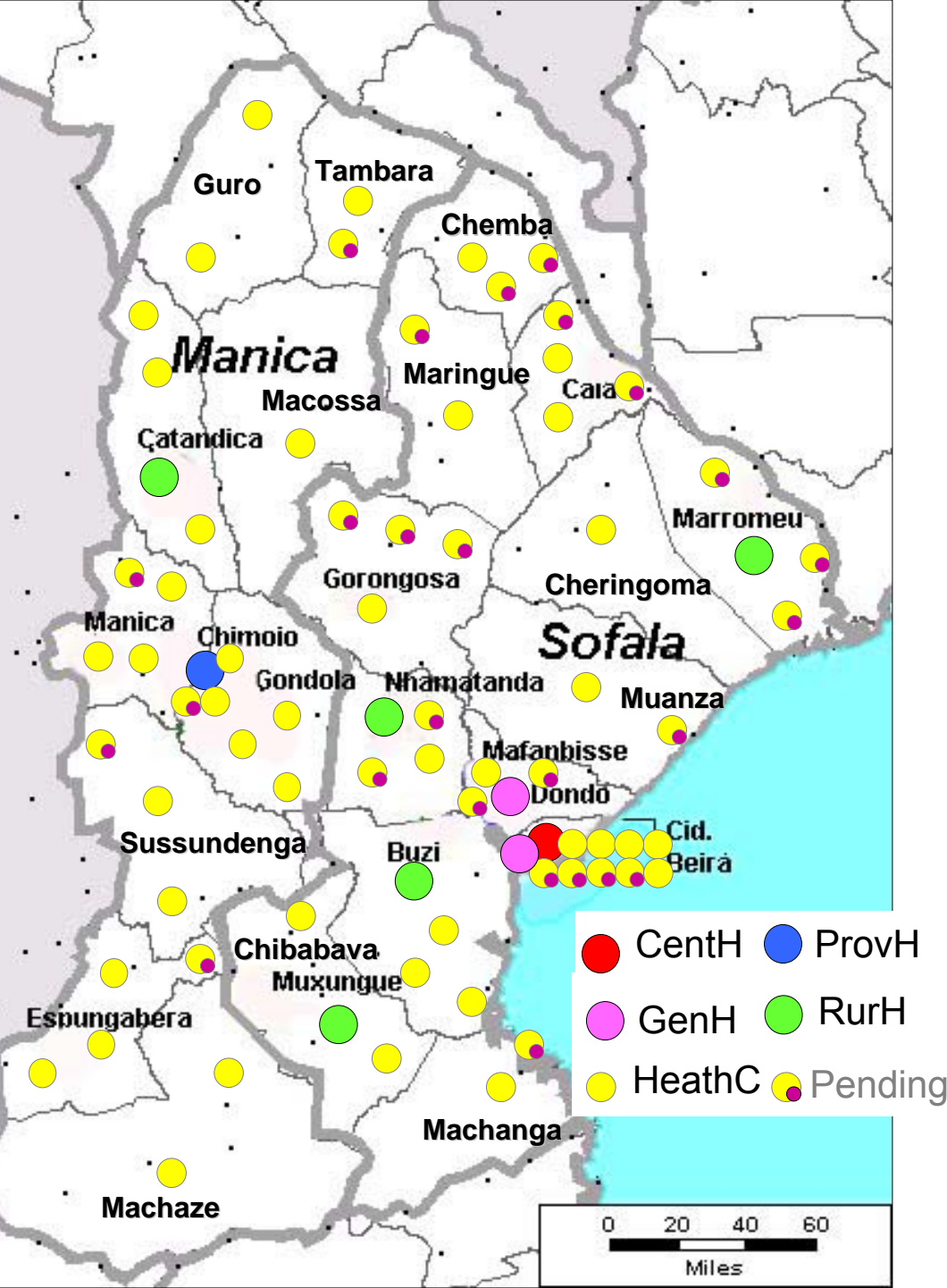
HIV Treatment Plan 08-09

HF Providing HAART: 87
 March 2008: 55

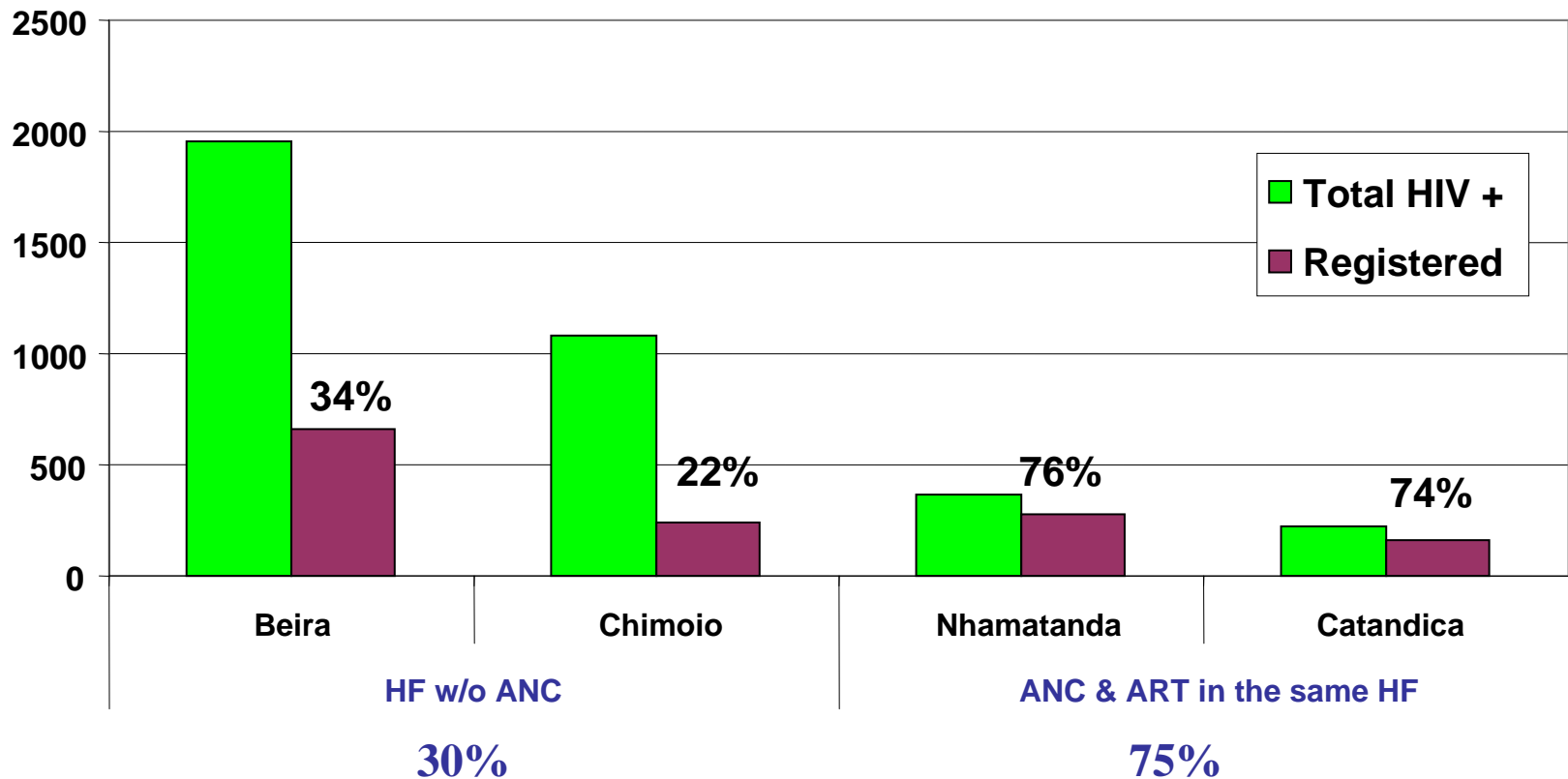
Registered: 180,000
 March 2008: 92,600

HAART: 45,000
 March 2008: 22,000

<15 y in HAART: 5,000
 March 2008: 900

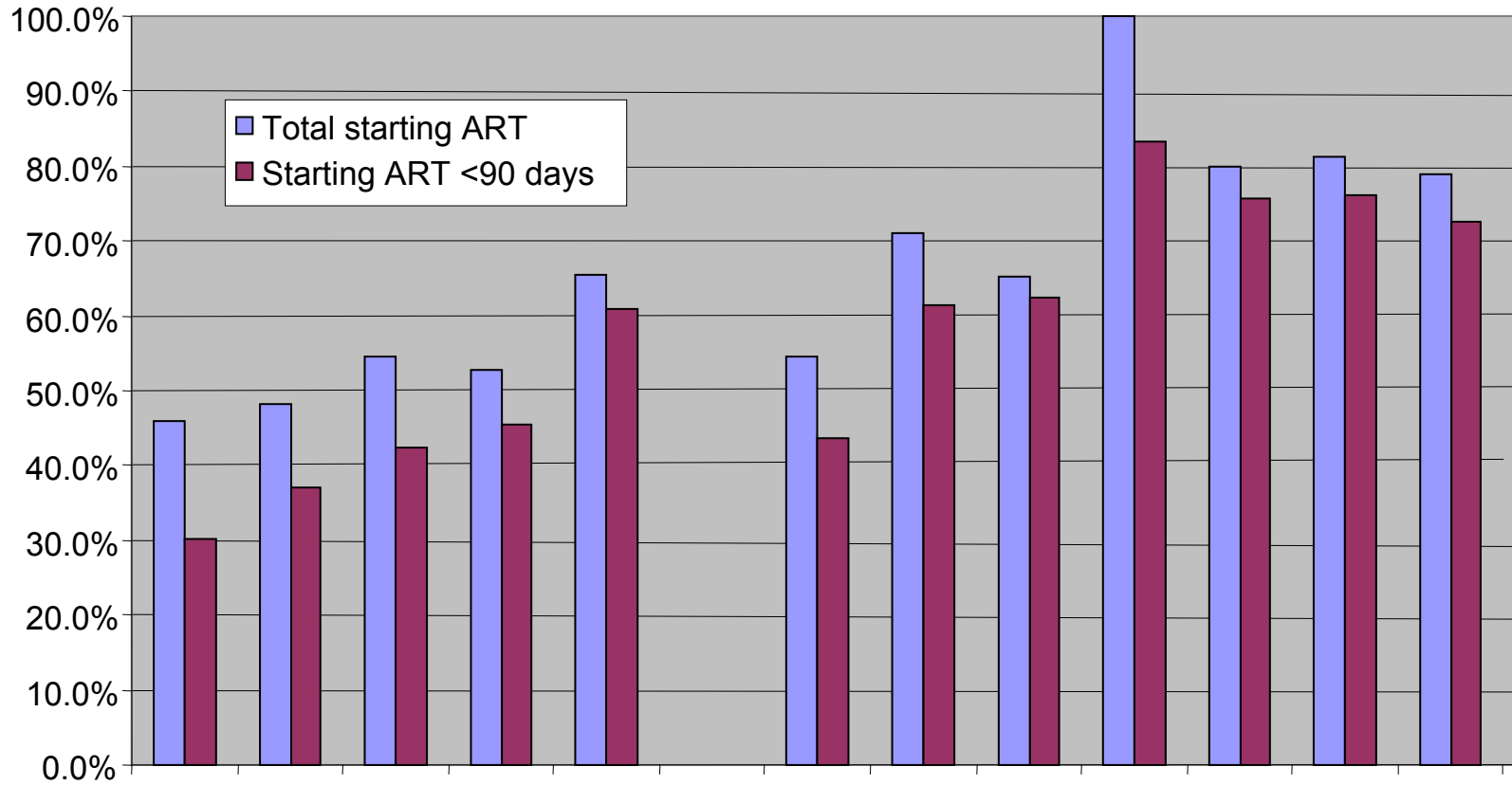


Number of HIV + women referred from PMTCT and registered for HIV care <30 days pos-test, 2006



OR 7.2 for HF with ANC vs. HF w/o ANC
 (IC 5.9-8.8, p<0.001)

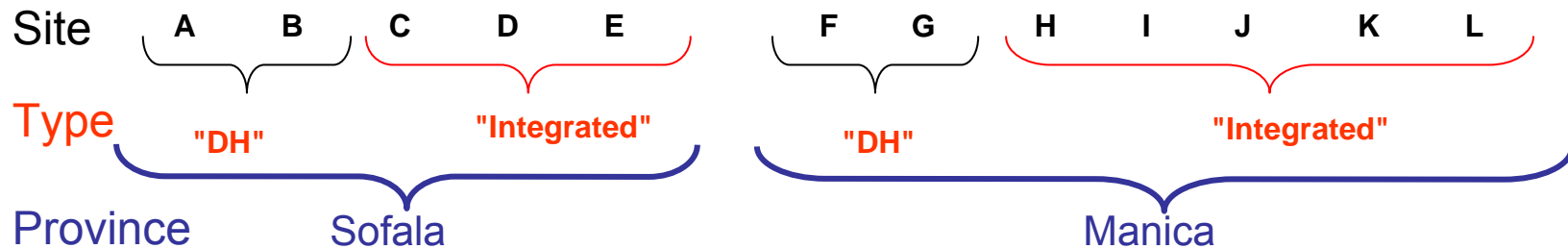
Eligible Patients Starting ART (Total and <90 days), Sofala and Manica, 2004-2007



Total starting ART: 50% "DH" vs. 65% "Integrated" (p<0.001)

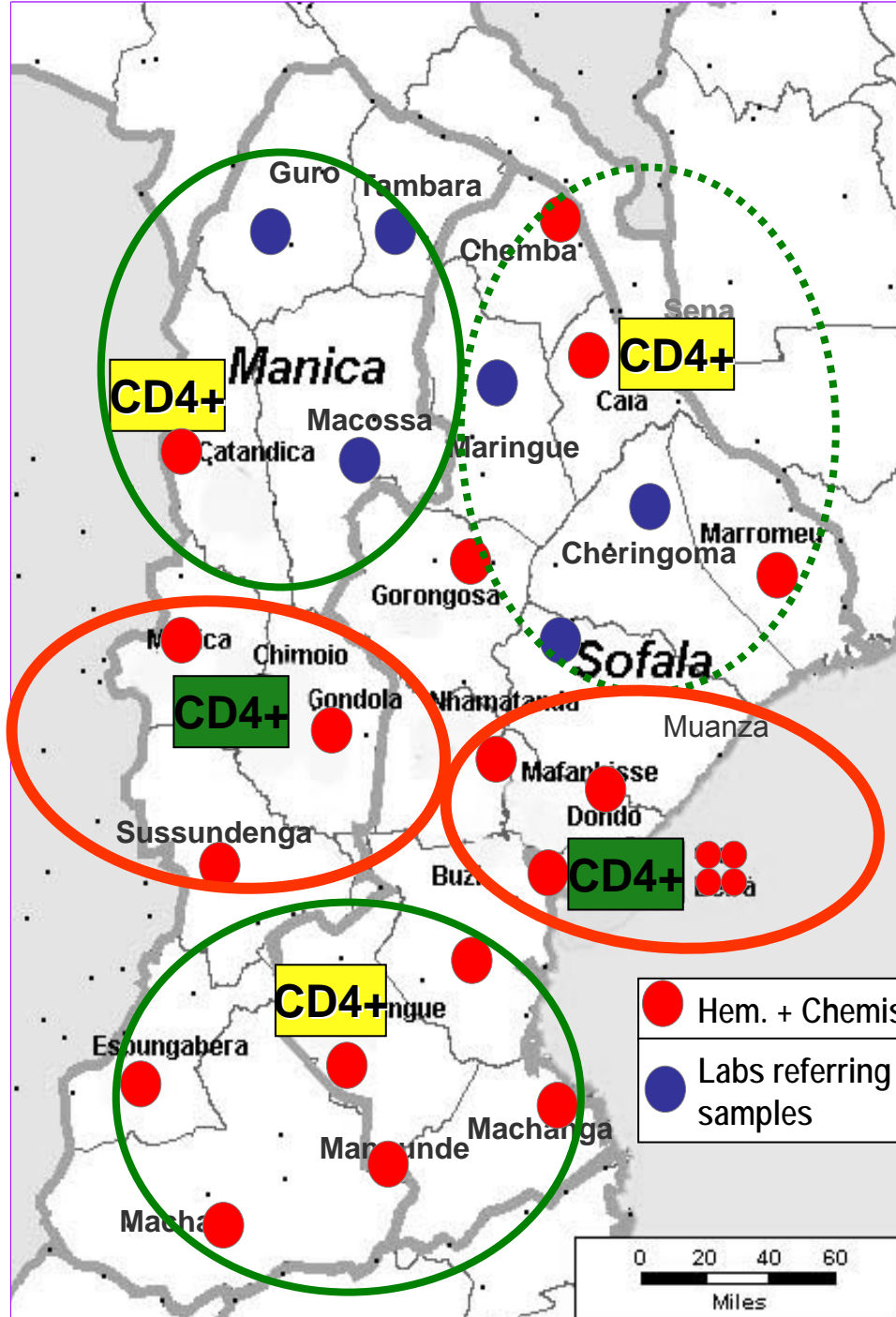
Starting ART <90 days: 37% "DH" vs. 59% "Integrated" (p<0.001)

N=9,193

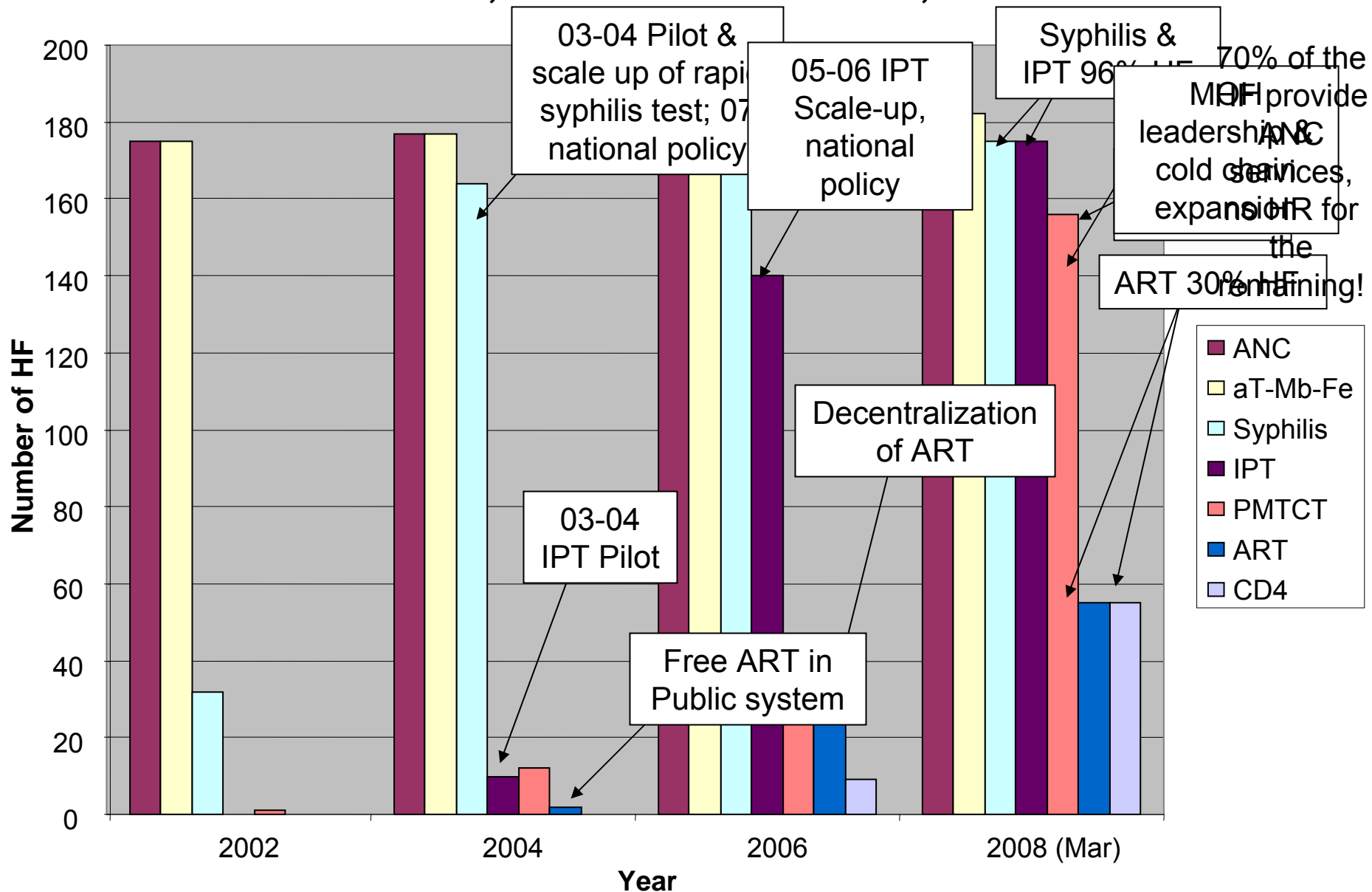


Strengthening laboratory network

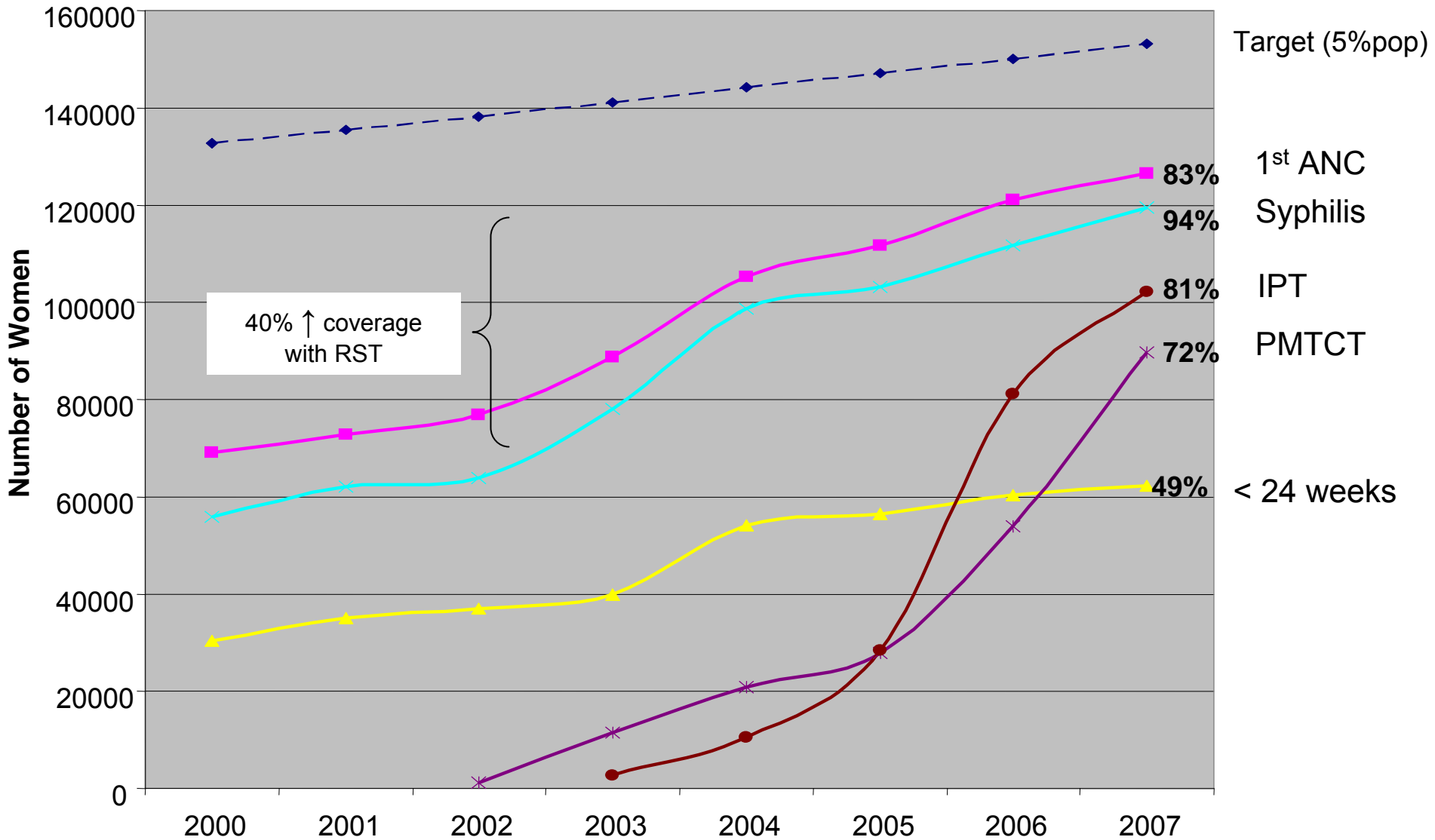
- Hematology and chemistry in 22 laboratories (out of 36)
- CD4 Decentralization and referral:
 - High complexity level in provincial capitals:
 - Low complexity level in 3 rural districts
- 55 PMTCT sites referring CD4
- 20 Hemoglobinometers in sites hard to reach w/o other equipment: AZT
- Supporting referral system for early infant diagnosis (DNA-PCR)



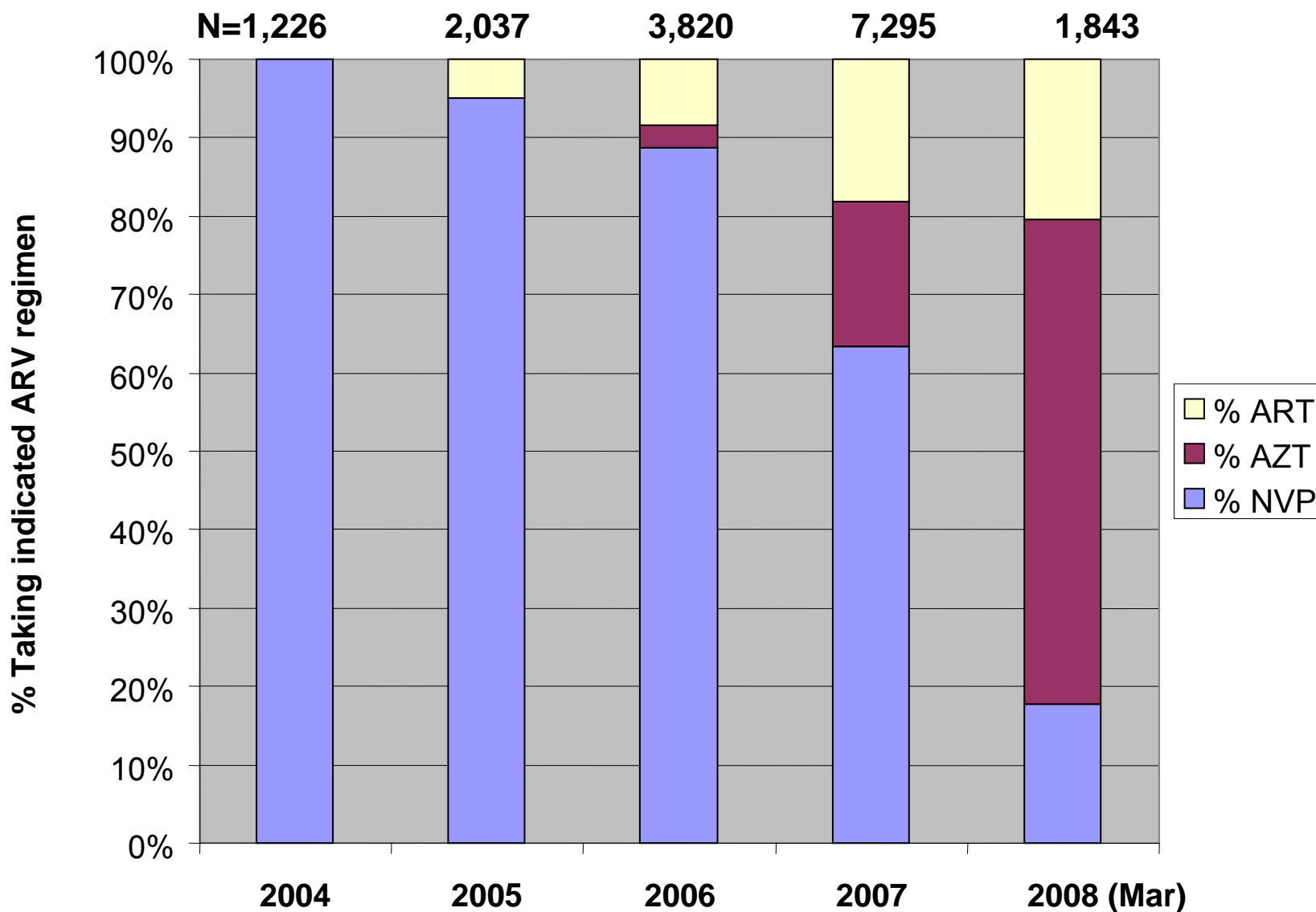
Number of Health Facilities (HF) offering Integrated ANC Services, Sofala & Manica, 2002-2008



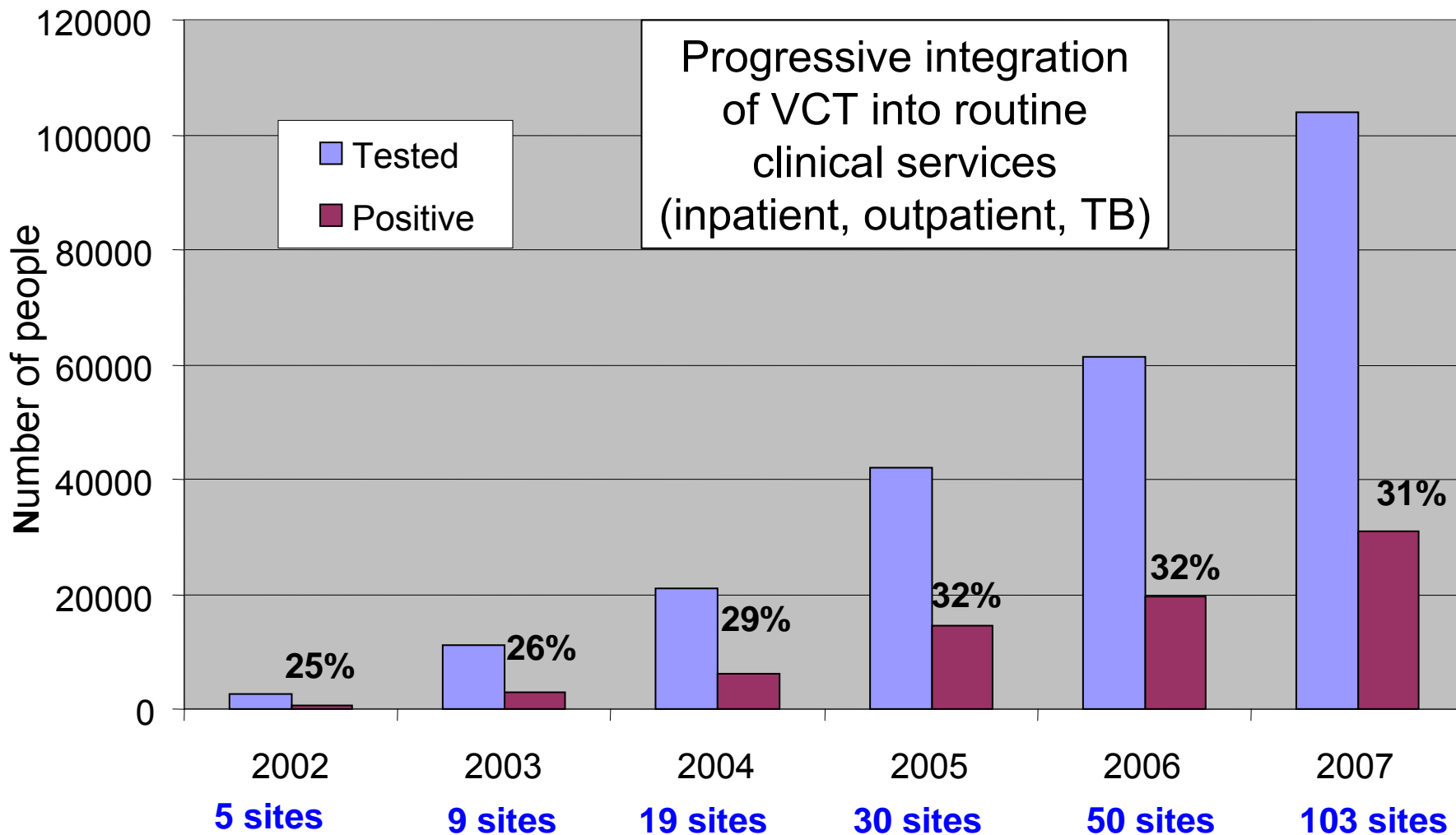
Women Receiving Integrated ANC Services, Sofala & Manica, 2000-2007



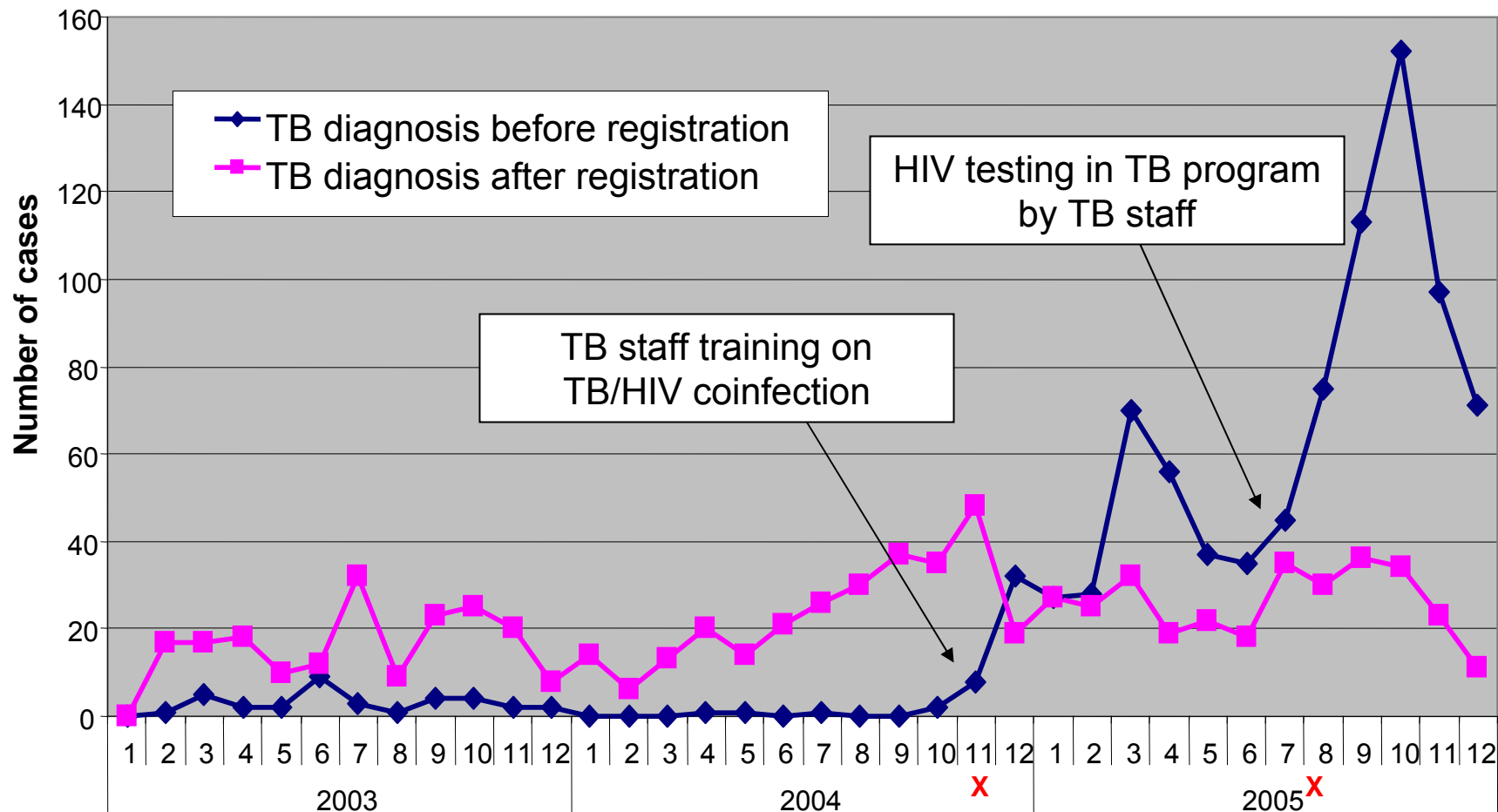
Proportion of Women Receiving NVP, AZT or ART for PMTCT, Sofala & Manica 2004-2008



Number of people receiving C&T for HIV and HIV+, VCT, Sofala & Manica, 2002-2007

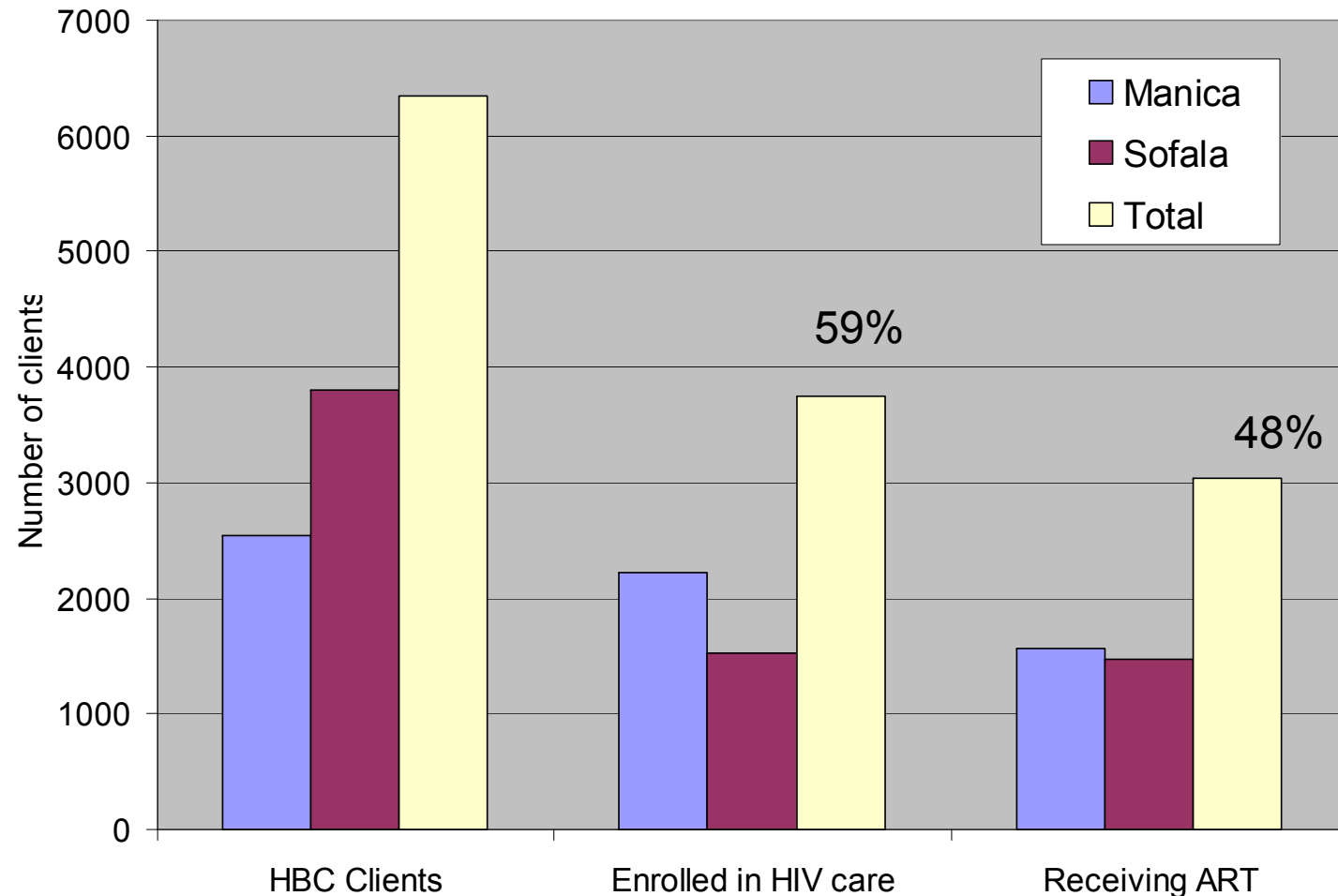


Effect of TB/HIV integration in the number of TB patients registered for HIV care in Beira Day Hospital, 2003-2005



Sofala: Q1 2008 1,417 in TB treatment:
78% tested for HIV, 66% HIV+, 99.7% CPT, 22.1% ART

Monthly number of HBC clients and linkages to HIV care, Sofala and Manica, March 2008



11 HBC organizations (CBO, FBO); >1000 HBC activists
1-3 HBC organizations linked with each HF providing ART
Community Leader Councils (CLCs) linked with most HF

Summary:

Integrated approach & improved linkages

- Decreased loss between services
- Greater efficiency from test to ART initiation
- Improved geographic coverage
- Improved overall service delivery

Lessons Learned & Recommendations (1)

Leadership, Governance and Financing:

- Support strong leadership by MOH officials
 - Clear policies, targets, flexible strategies for implementation
- Build on existing MOH structures
- Advocate for international and national level integration for:
 - Simple and coherent norms and M&E systems
 - Clear targets for integrated programs
 - Donors to fund programs to strengthen PHC and SWAP
 - Avoid parallel programs

Lessons Learned & Recommendations (2)

Service Delivery:

- Decentralize services (access and coverage)
- Define basic package of integrated services
- Improve infrastructure

Human resources:

- Assess needs and define criteria to allocate HR
- Avoid brain drain
- Provide pre-service training
- Support task shifting (health staff & community lay workers)
- Support MOH salaries (especially new graduates)
 - International Code of Conduct for NGOs (<http://ngocodeofconduct.org/>)

Lessons Learned & Recommendations (3)

Information:

- Support HIS for decision making
 - Monitoring of quality and consistency in program implementation
 - OR to identify problems and answer relevant questions

Community, gender and patient issues

- Understand barriers to care and perceptions of the health system.
- Mobilize to demand greater public sector accountability and support service delivery

More challenges

- Human resources! Human resources! Human resources!
- Multi sector approach
 - Prevention
 - Food security
 - Socioeconomic improvement
- Structural problems
 - Debt reduction
 - Reversal of structural adjustment policies and expansion of public spending
 - Improve intra-governmental allocations

Acknowledgements

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Thanks!