

# Counseling and Testing in Health: A Public Health Strategy to Improve Access to Health Promotion in Mozambique

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# Why Counseling and Testing in Health (CTH)?

- Proposal to better integrate HIV-related services into primary health care
- Motivated by concern that HIV-specific services contributing to stigma and discrimination
- Desire to expand package of services provided in HIV Counseling and Testing to include health promotion and prevention issues



# Client-Initiated HIV CT with Introduction of New Services

- **Systematic screening and appropriate referral**
  - Tuberculosis
  - Sexually Transmitted Infections
  - Hypertension
- **Health Education in**
  - Malaria, including bednet promotion
  - Early Uptake of Antenatal Care during Pregnancy
  - Promotion of Institutional Delivery
  - Hygiene and Environmental Health



# Objectives of Phase I for CTH

Assess implementation of CTH model at Phase I sites to inform further scale-up of CTH

- Introduction of systematic screening of clients for TB, STIs and hypertension
- Expansion of health promotion activities
- Referrals made among HIV-infected clients to care & treatment services
- Referrals made among HIV-infected and non-infected clients to other health care services where needed



# Phase I Implementation

- ❑ Development of CTH Protocols for Implementation and Training Materials
- ❑ Twelve counselors trained with support from Brazilian Federal University of Rio de Janeiro (FURJ)
- ❑ Three MOH sites: Bagamoio, Machava II e 1º de Maio (PEPFAR supported through PSI)
- ❑ 10,000 clients counseled & tested (Mar-Aug 2007)



# Methodology

## Data Collection and Analysis

### □ Data Collection Forms

- Existing individual client questionnaire
  - Client Demographics and Risk Assessment
  - HIV Testing Information
  - Referrals and Risk Reduction Plan
- Supplementary form
  - Screening and Referrals (TB, STIs, HT)
  - Provision of health education
  - Length of counseling and testing session

### □ Sub-sample of 950 clients analyzed



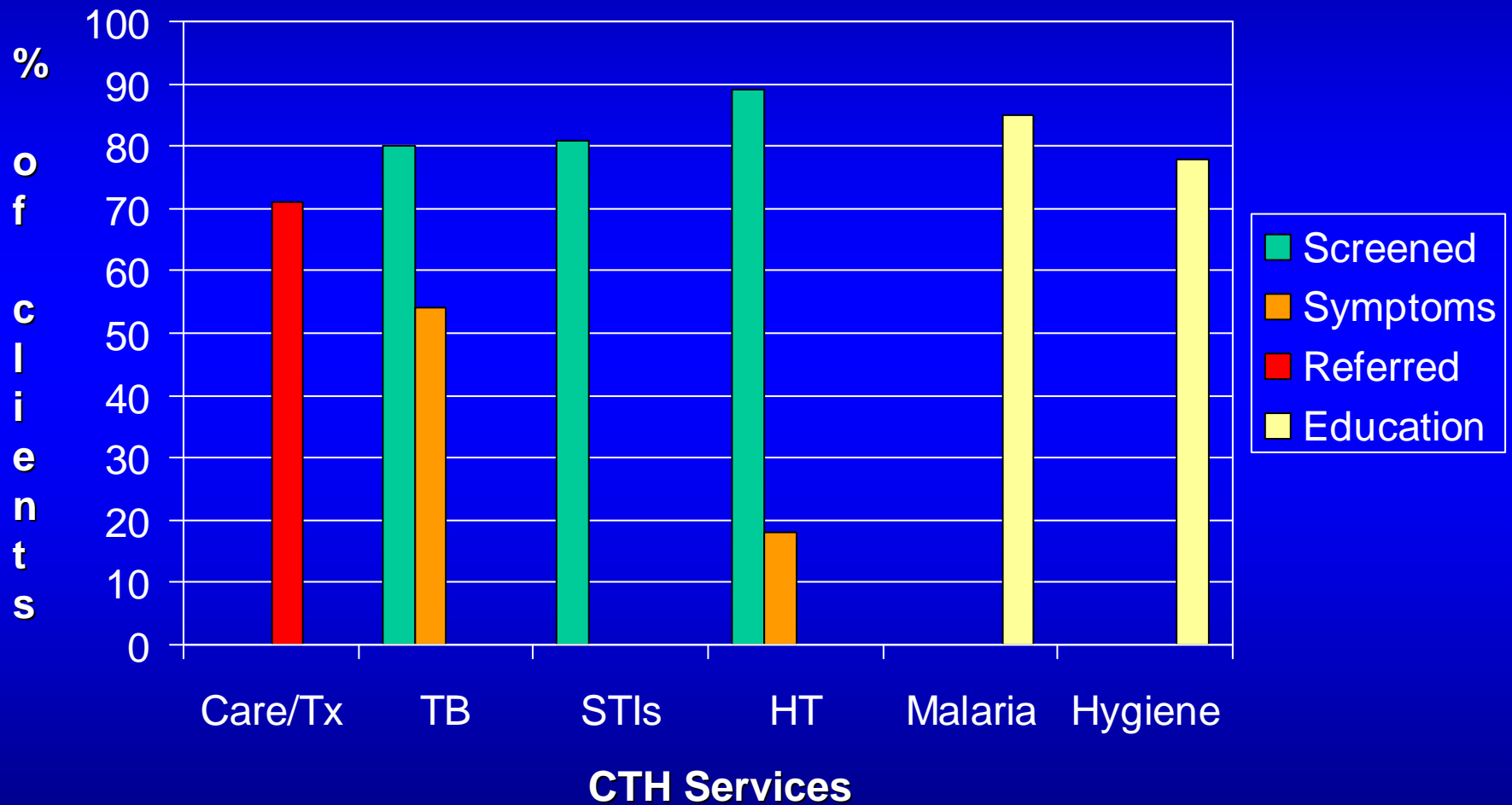
# Results

## Characteristics of CTH Clients (n=950)

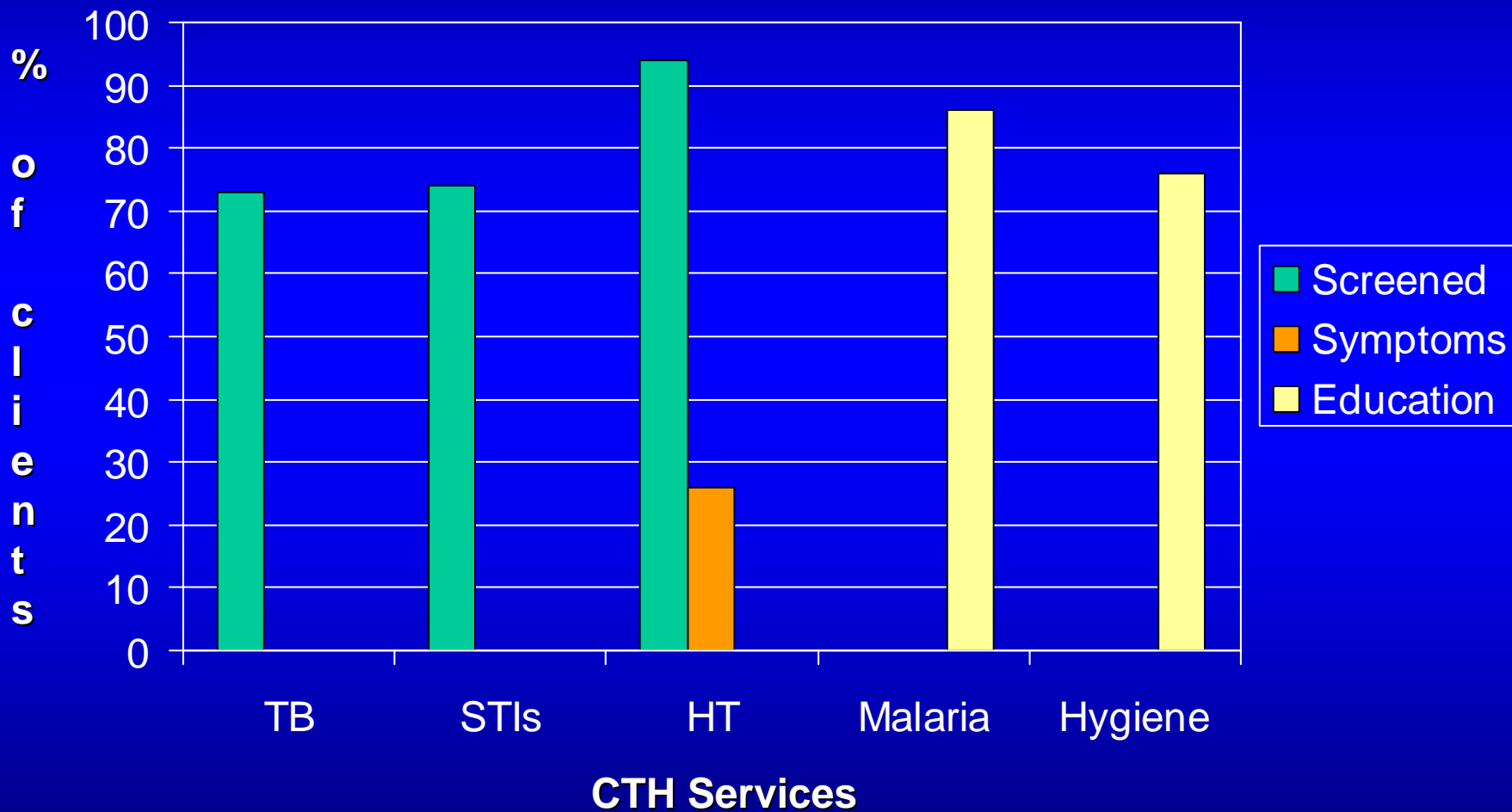
- ❑ 70% of CT clients were client-initiated
- ❑ 52% were women of reproductive age (15-49 years)
  - 22% of clients were women 15-24
  - Of 566 women, 11 (2%) were known to be pregnant
- ❑ HIV serostatus
  - 46% HIV-infected
  - 54% HIV-uninfected
  - <1% not tested



# Services Provided to HIV-infected Clients (n=305)



# Services Provided to HIV-negative Clients (n=444)



# Safe Motherhood

- ❑ 52% were women of reproductive age (n=950)
  
- ❑ 25 % received information on early diagnosis of pregnancy
  - 32% of HIV-uninfected
  - 16% of HIV-infected
  
- ❑ 37% received information promoting institutional delivery
  - 42% of HIV-uninfected
  - 31% of HIV-infected



# Implementation Issue: Length of CTH Session

- ❑ National Guidelines recommend CT session 25-50 minutes in duration
- ❑ Average length of CT session 30 minutes (range 9-96 minutes)
- ❑ No difference in length of session for HIV-infected versus non-infected individuals



# Conclusions

- CTH appears to be a promising strategy for broadening package of HIV and public health services
  - Health promotion for persons accessing HIV CT services
  - Increased access for HIV CT services for clients accessing public health services
  
- Most promising success at identifying
  - HIV infected individuals in need of TB referral
  - Persons with High Blood Pressure
  - Delivery of Health Education Messages



# Conclusions

## Areas of unclear/mixed success

- STI screening and Referrals
- Safe Pregnancy Promotion
- Follow-up of Referrals



# Limitations

Lack of

- Documentation of information on clients' symptoms
- Documentation of information on referrals made to clients
- Information on follow-up and impact of referrals



# Considerations for Scale-Up of CTH

- ❑ Ensure standardized implementation of all core interventions across sites
- ❑ Updating of M&E tools to reflect new CTH model
- ❑ Ensure length and content of HIV counseling provides adequate risk assessment/reduction
- ❑ Improve referral processes and documentation
- ❑ Access to women of reproductive age: opportunity to promote safe pregnancy
- ❑ Develop ways to measure the impact of health education/promotion components

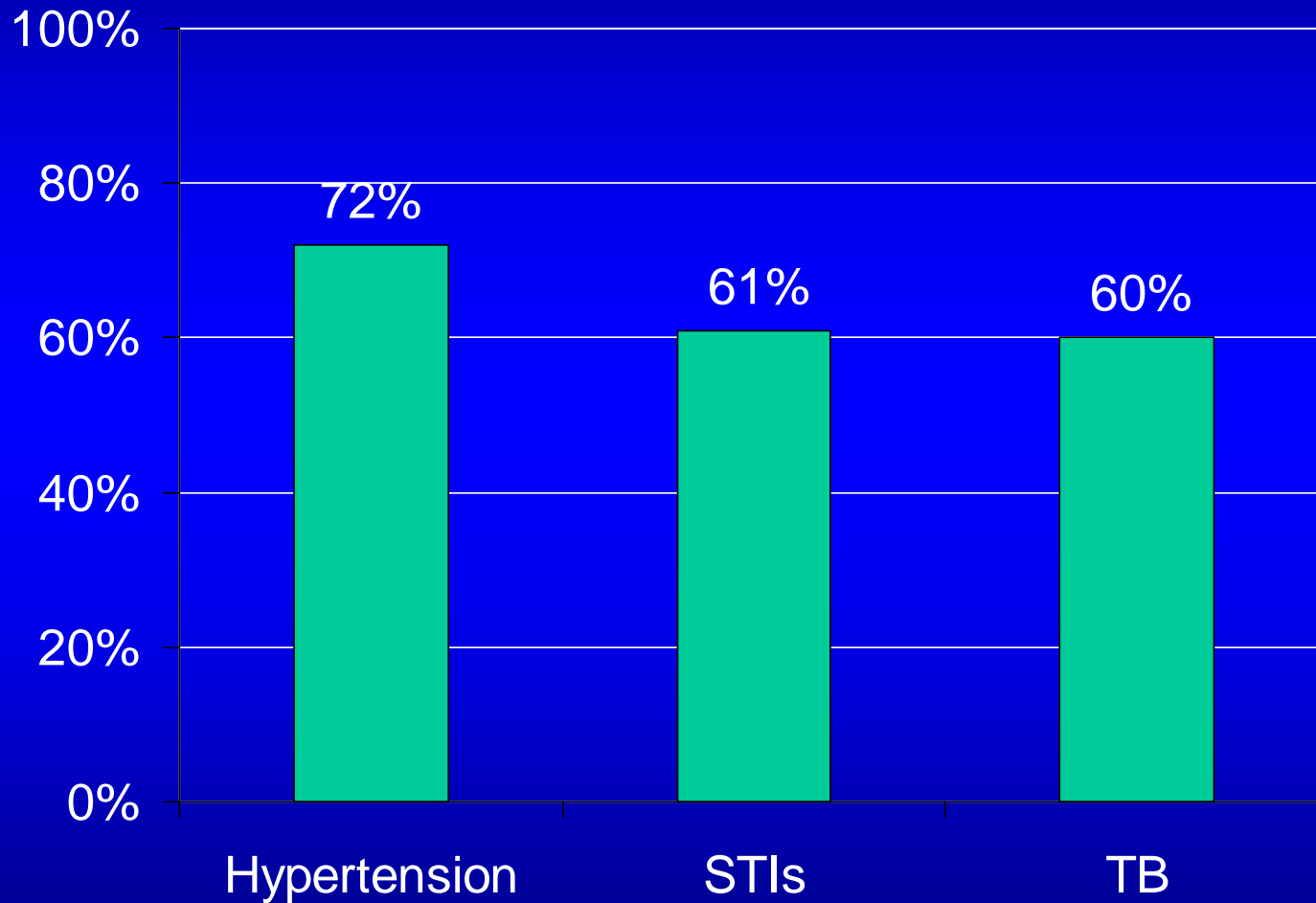


# Acknowledgements

- ❑ Ministry of Health, Mozambique
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- ❑ Population Services International
- ❑ Federal University of Rio De Janeiro
- ❑ Staff and clients at Bagamoyo, Machava, and Primeiro de Mayo health facilities



# Application of Screening Tool (n=950)



## Percentual dos que receberam Educação em Saúde

