Patients at High Risk

Experience, Guidelines, and Best Practices

Mozambique

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MoH

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Care

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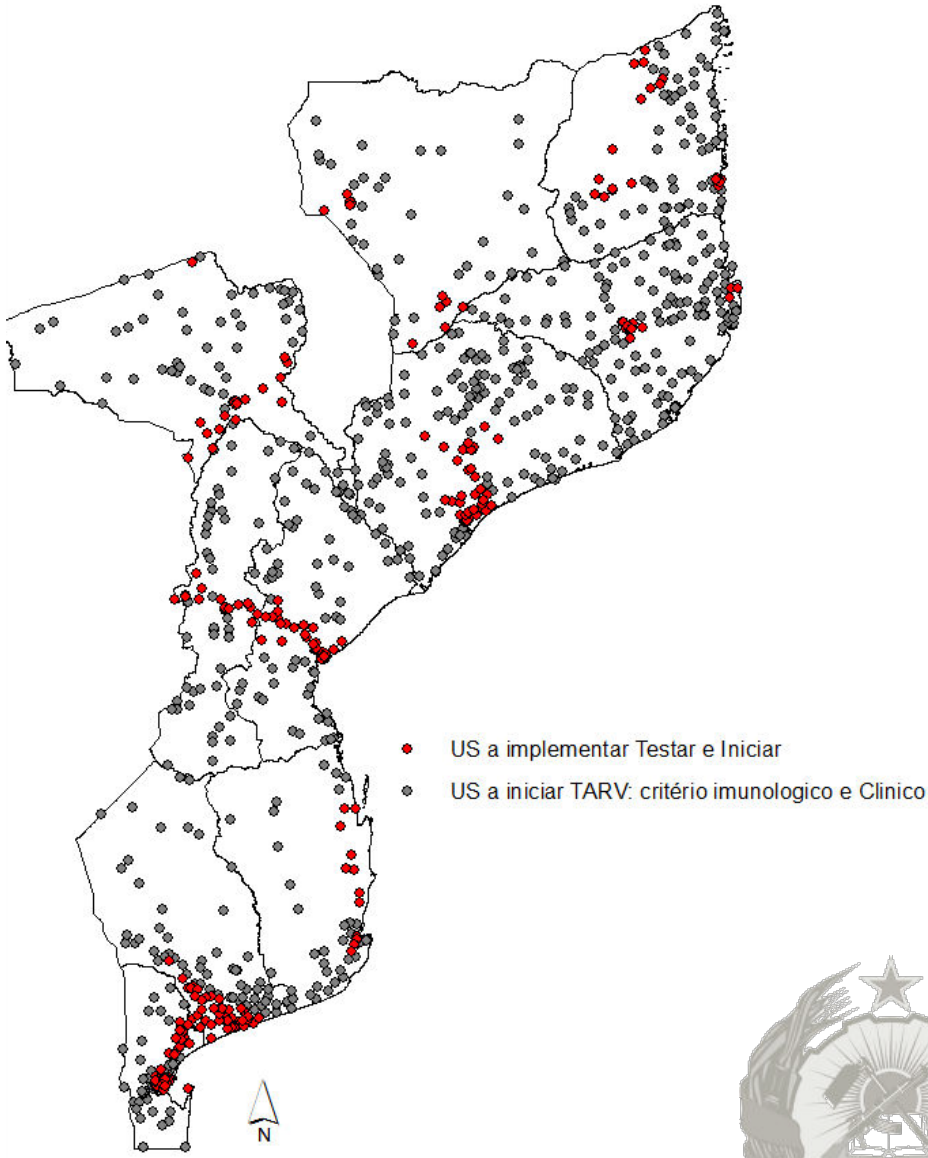
Context: Mozambique

- Country population: 26.423.623
- Estimated PLHIV: 1.8 million
- Estimated # of new Infections: 83.021 in 2016
- Patients currently on ART: 990.085 at the end of 2016
- ART sites: 1.149 (74% coverage)

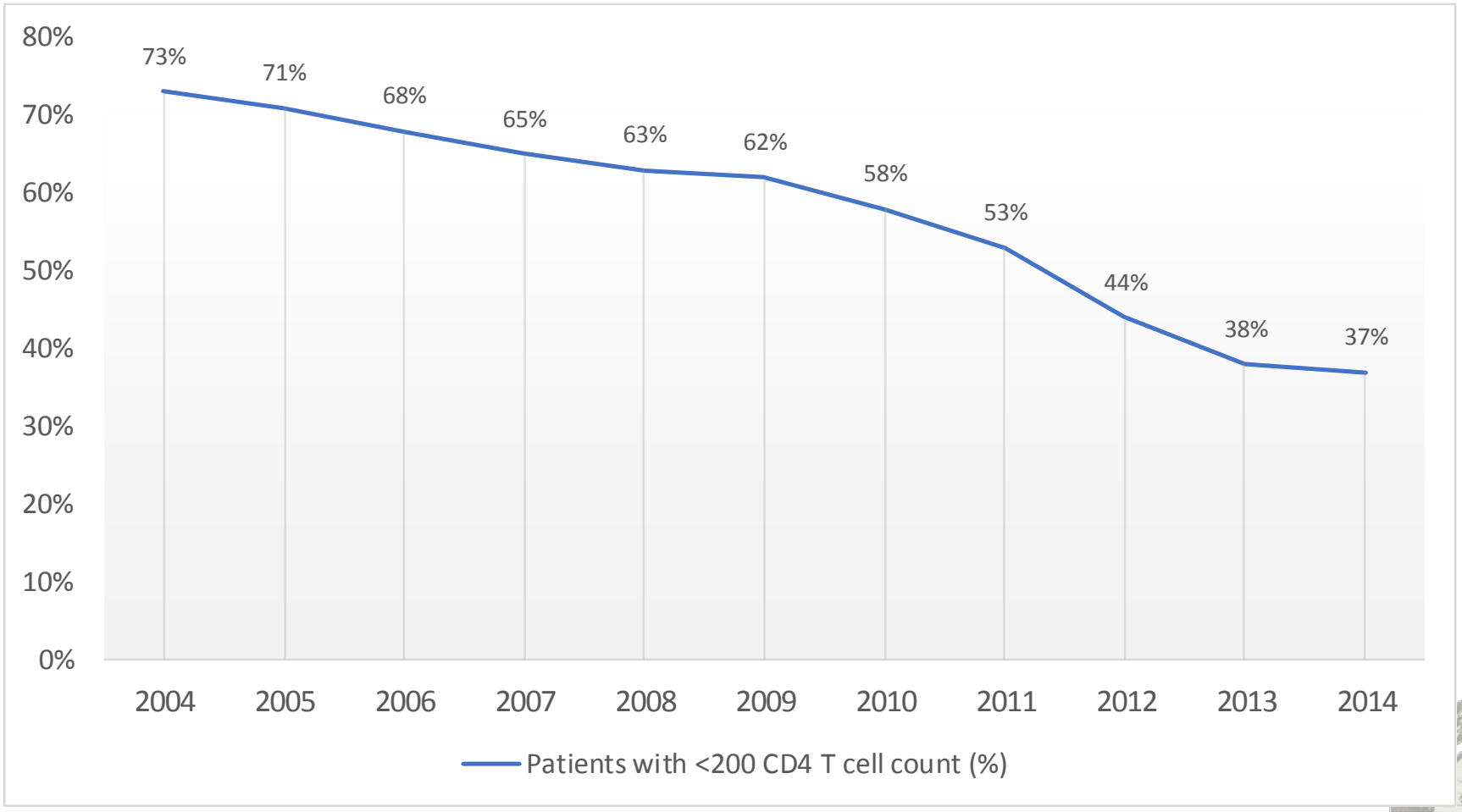
SOURCE: INE, 2017; IMASIDA, 2015, HIV Program Annual Report 2016

Treat all Vs. CD4 <500

- Phased introduction of treat all guidelines since August 2016
- Currently in 261 (coverage of 48% of all patients on ART) health facilities out of 1149
- Most patients still initiate ART based on immunological and clinical criteria
- Considerable proportion of patients initiating ART are still late presenters

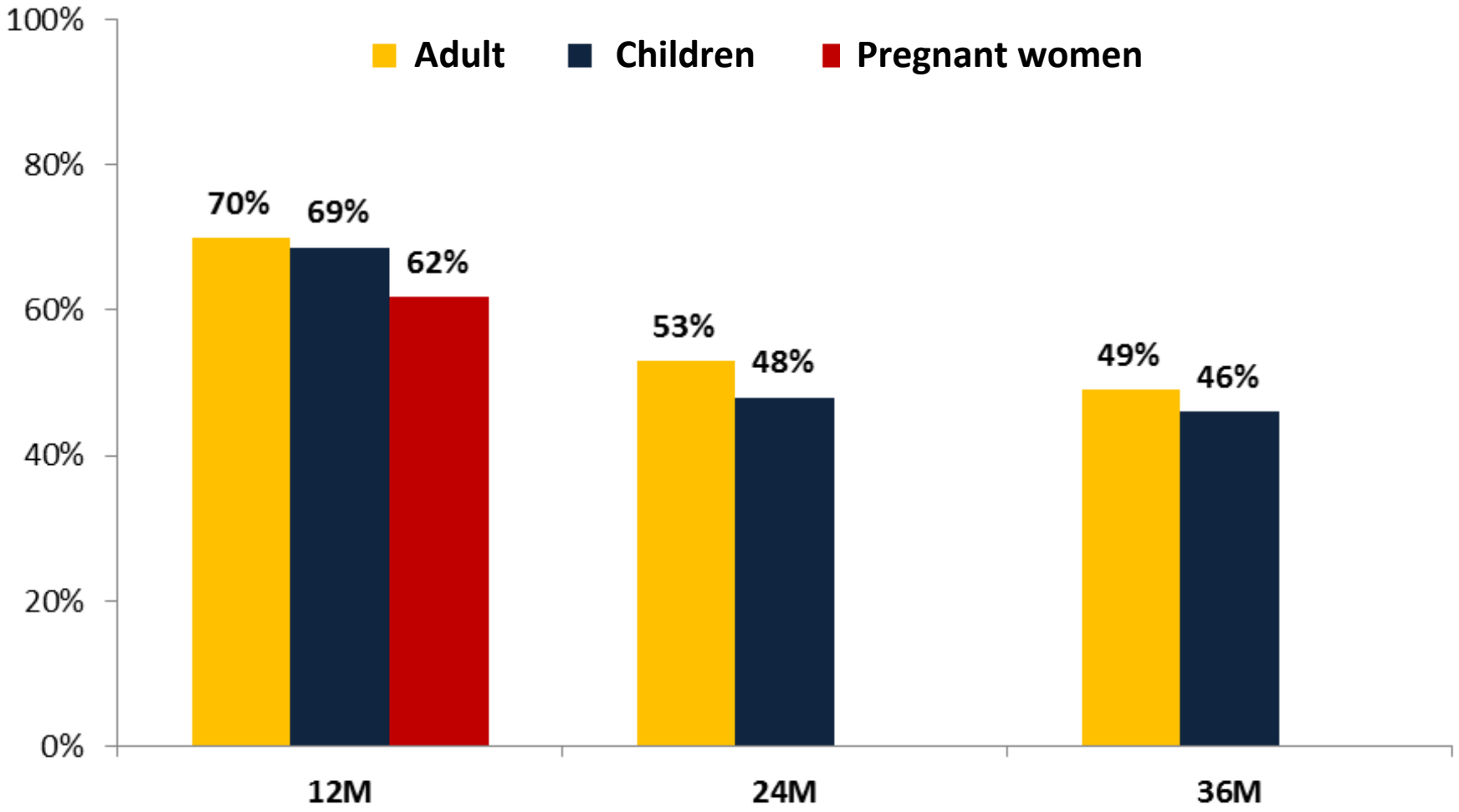


Proportion of patients with <200 CD4+ T-cell Count, by calendar year of ART initiation (n=138,453)



SOURCE: Adapted from MMWR (06,2017)

Retention Rates at 12, 24 and 36 mo.



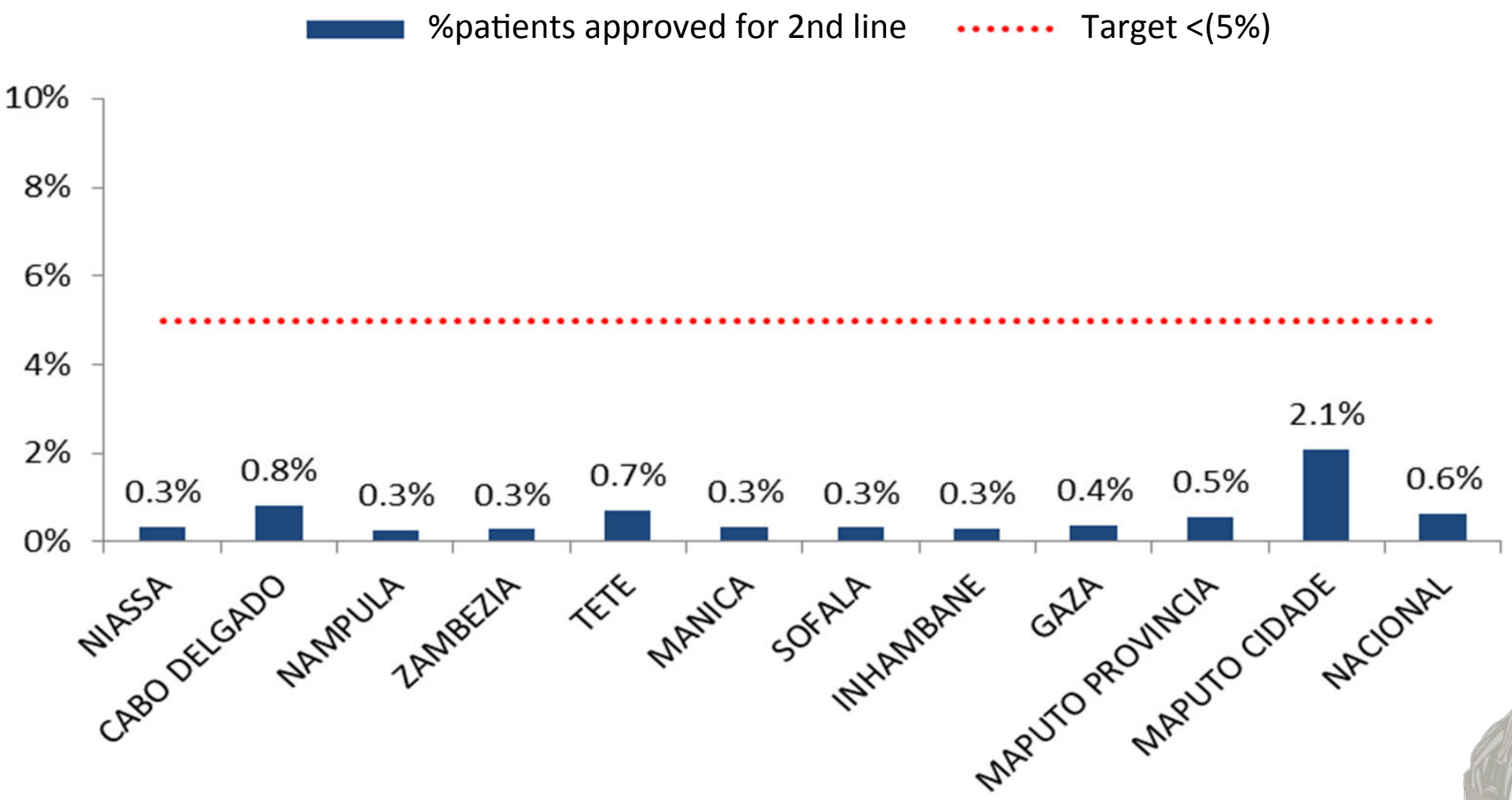
SOURCE: PEPFAR (APR 2016

Viral Load Outcomes by Age, First Semester 2017

Characteristics	VL tests performed (DBS)	Not virally suppressed (>1000 cp/ml)	%
National	87,240	29,811	34%
>50 years	9,302	2,445	26%
15-49 years	65,357	21,151	32%
6-14 years	4,085	2,287	56%
2-5 years	3,135	1,956	62%
<2 years	333	190	57%
non-specified	5,028	1,782	35%

SOURCE: DCL, 2017

% of Patients on ART, Approved for 2nd Line Regimen, 2016

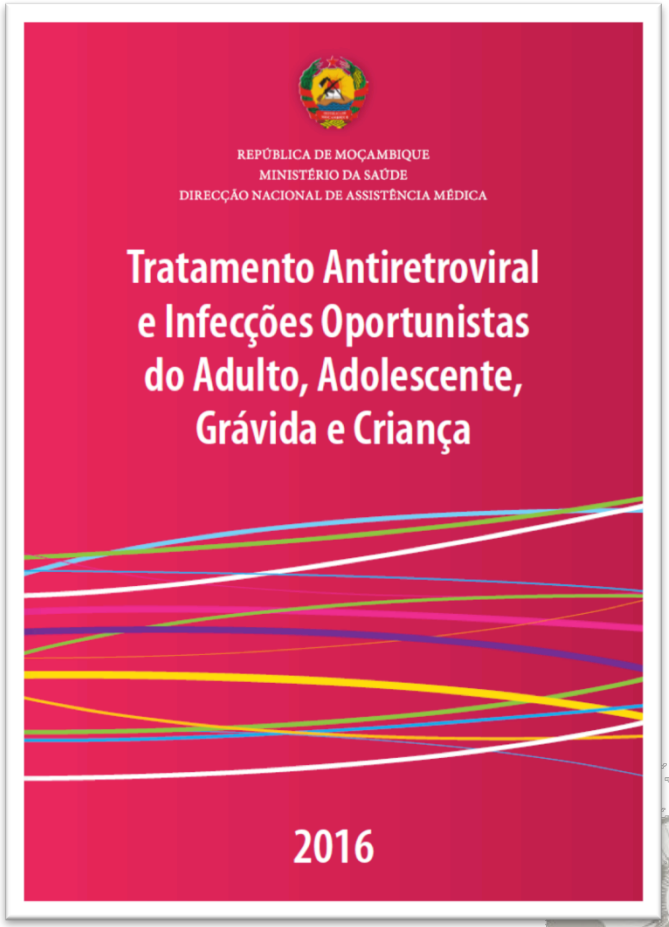


Fonte: MISAU (SIS-H-04); Spectrum 5.4

Guidelines for P@HR

Patients presenting with advanced disease

- Clinical and laboratory evaluation
  - TB screening (GeneXpert for symptomatic patients)
  - Nutritional evaluation
  - CrAg test for patients with CD4 <100 (pilot phase)
  - Psychosocial evaluation (Risk factors for poor adherence)
- Prophylaxis and Treatment
  - ART independent of CD4 count
  - Cotrimoxazole Prophylaxis
  - Cryptococcus Prophylaxis (pilot phase)
  - Psychosocial support



Guidelines for P@HR (*2*)

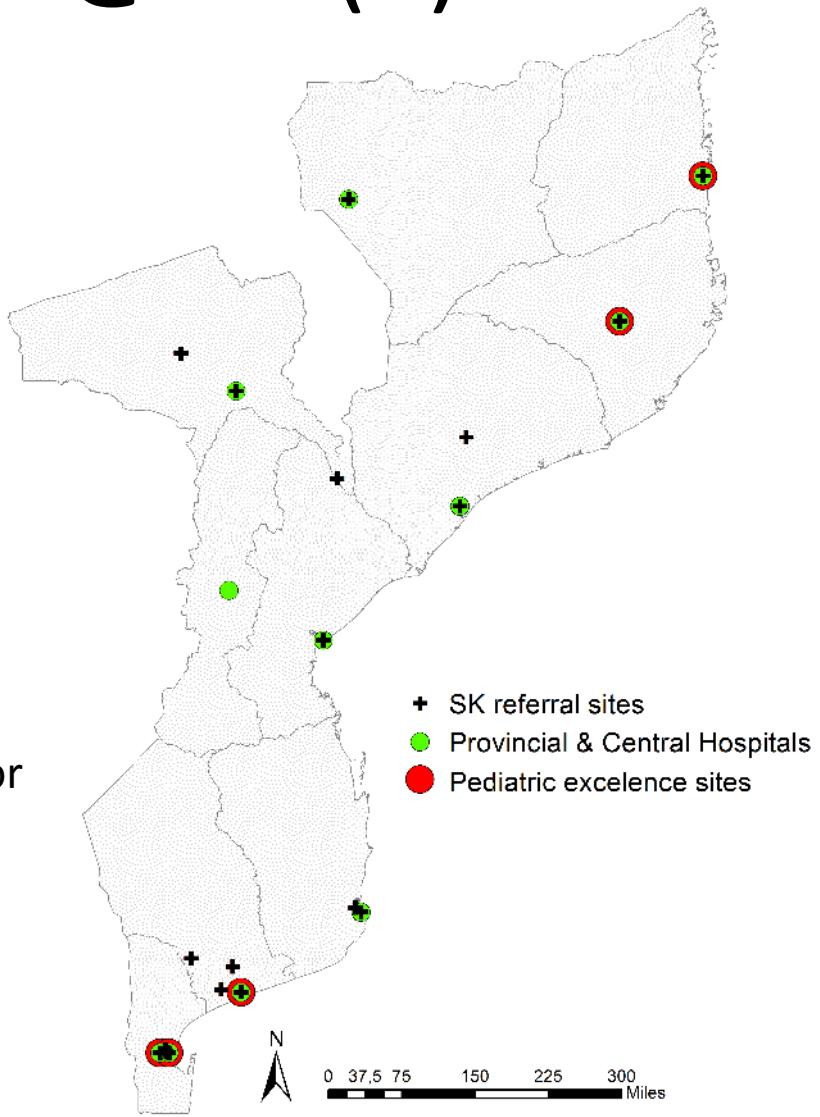
Patients on ART who are “unstable”

- Not virally suppressed
  - Second or third line ART is provided
- Active opportunistic infection
  - Kaposi´s Sarcoma Chemotherapy
  - TB Treatment
- Non-Adherent to ART
  - Enhanced psychosocial support package is provided
  - Possibility of joining Community Adherence Groups (CAG´s)

Guidelines for P@HR (*3*)

Referral hospitals for P@HR

- Kaposi´s Sarcoma Chemotherapy
  - Provided at 20 referral Health facilities
- TB Treatment
  - All ART sites provide TB treatment
  - Inpatient MDRTB care is provided at 4 hospitals throughout the country
- Pediatric Referral Hospitals
  - Children @HR are referred to provincial or central hospitals
  - Initiatives to introduce ambulatory pediatric care centers of excellence are underway in many provinces

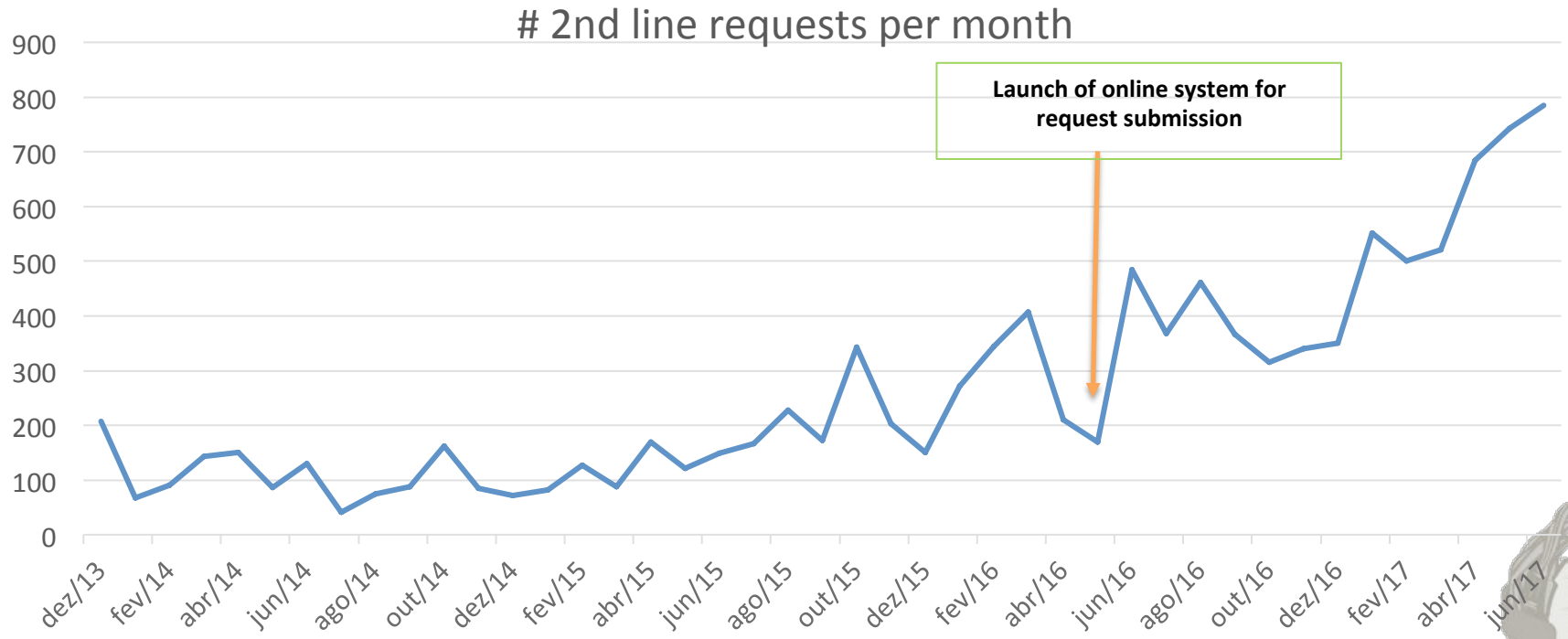


Best Practices:
New CrAG Algorithm Pilot

- Introduction of a new algorithm for Cryptococcus infection screening, prophylaxis and treatment
- Use of a new CrAG point of care test
- Estimate CrAG prevalence
- Pilot began in late 2014 at three districts (9 HF)
- Data analyses is being finalized and results will be shared soon

Best Practices: Decentralization of 2nd line Approval

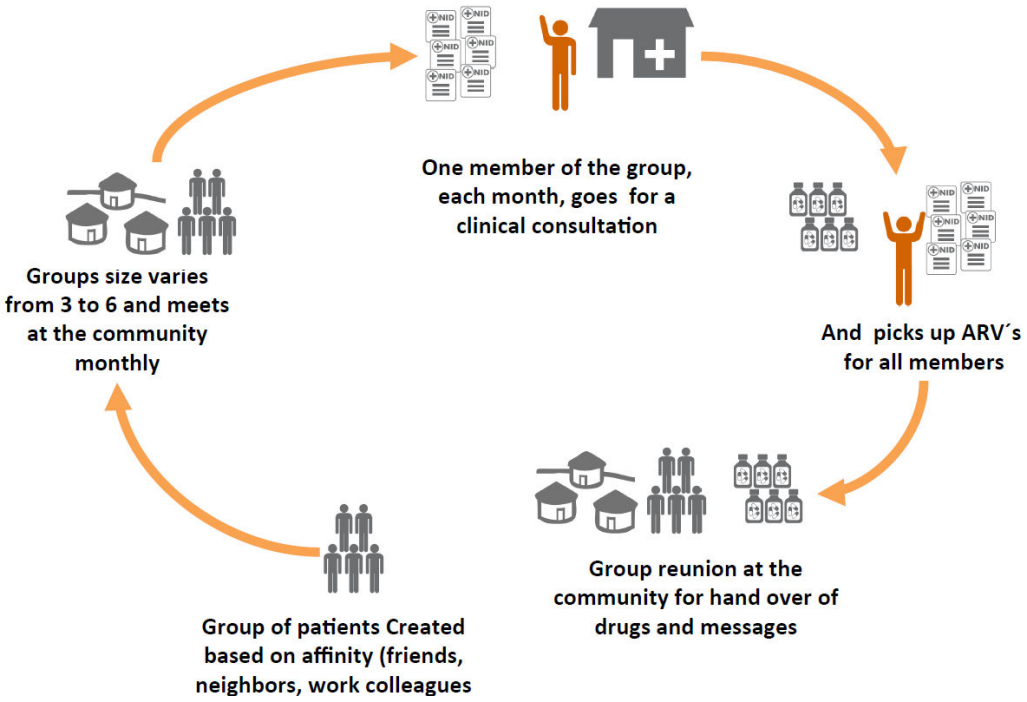
- Introduction of an online data base for therapeutic failure report and 2nd line requests submission (important increase on # of requests)
- Decision to allow provincial level committee to approve ART first to second line switch (3 out of 11 provinces already decentralized) with important reduction on response time



Differentiated Care for P@HR: CAG includes non-adherent patients

- While CAG´s where designed mainly for stable patients, the national guidelines give an exception for non-adherent patients immediately after their return to the health facility

- Each CAG can contain up to **TWO** non-adherent patients out of a total of six



Differentiated Care for P@HR: One Stop Shop for TB/HIV Patients

- TB/HIV co-infected patients receive care at the TB clinic for both TB and HIV
- Care includes clinical monitoring, psychosocial support and ART and TB treatment initiation and refills
- Care is provided by clinical officers/nurse and counselors
- HIV related care is provided in monthly visits while on treatment for TB
- Care is continued at HIV clinic once patients are cured from TB

Next Steps

- Finalize the development of a differentiated care models implementation manual for stable and unstable patients
- Include differentiated care models evaluation and improvement process as part of the HIV QI strategy
- Finalize the evaluation of the Cryptococcus Algorithm pilot and develop a plan for nationwide implementation
- Continue with the process of decentralization of 2nd line switch approval

Thank you
SAINT-LOUIS STUDIO
Steven Le Vourc'h