



CQUIN Differentiated MCH Workshop

May 25-27, 2021

Retesting pregnant and breastfeeding women in Nampula, Mozambique

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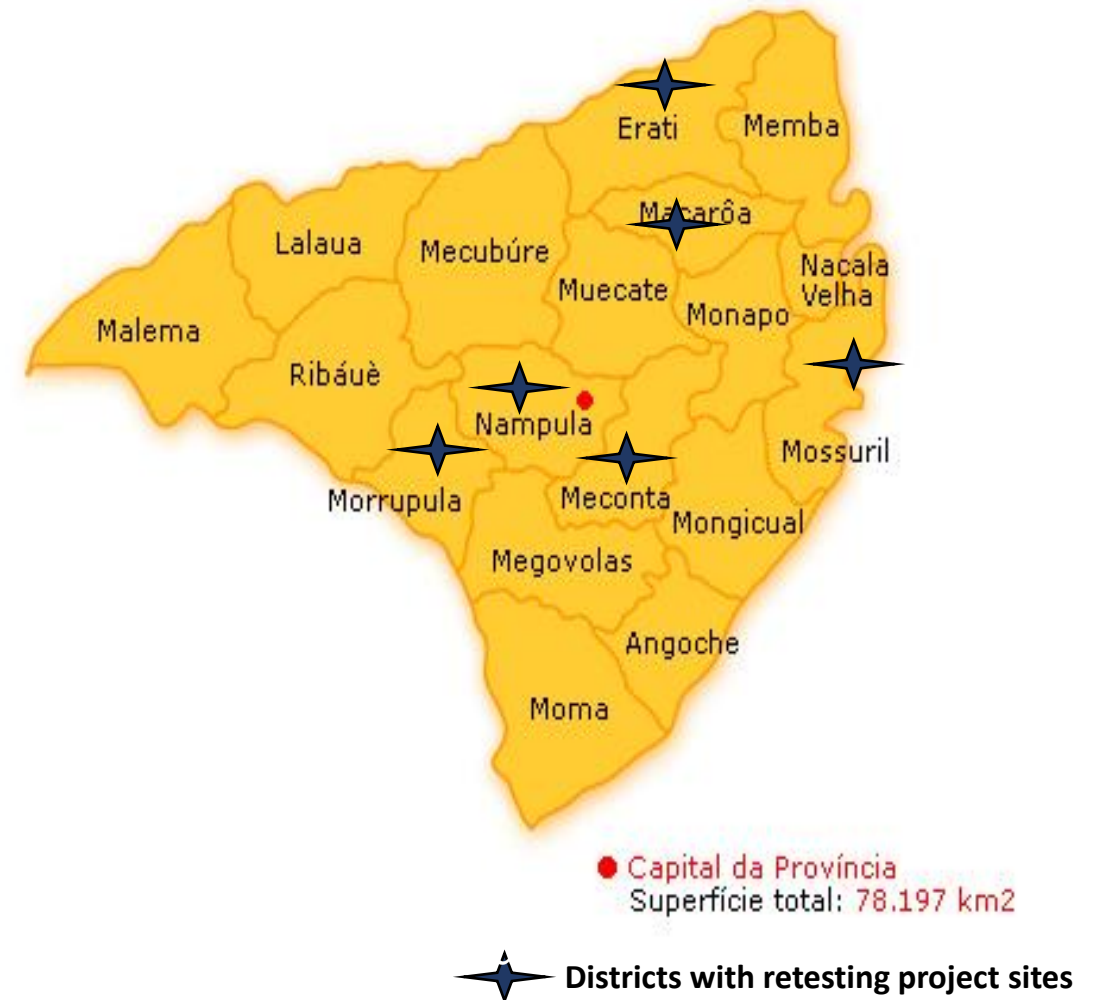
27 May 2021



HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Nampula Province Background

- Population: 6,102,867 (INE 2017), 52 % women
- HIV prevalence (IMASIDA 2015): 5,7%
- PLHIV: 191,626 (Spectrum 2017)
- High vertical transmission rates and highest positivity rate, compared with national average, in children >2 months



Objective of retesting project

- Support the implementation of national retesting guidelines for HIV during the continuum of MCH care (pregnancy and breastfeeding period)
- National guidelines recommend retesting for HIV every 3 months for duration of risk (during pregnancy through 12 months post partum or cessation of breastfeeding)
- Baseline assessment identified multiple challenges to national guideline implementation, including:
 - High volume of eligible pregnant and breastfeeding women (PBFW) for retesting
 - Many PW begin ANC in their 2nd trimester
 - Need to better understand and document program implementation to identify gaps
 - To reduce interrupts in treatment for newly-identified HIV+ BFW, need to link charts at Expanded Program on Immunization (EPI) for healthy children with child-at-risk program, which follows HIV-exposed infants
 - Limited infrastructure and human resources

HIV Retesting Implementation

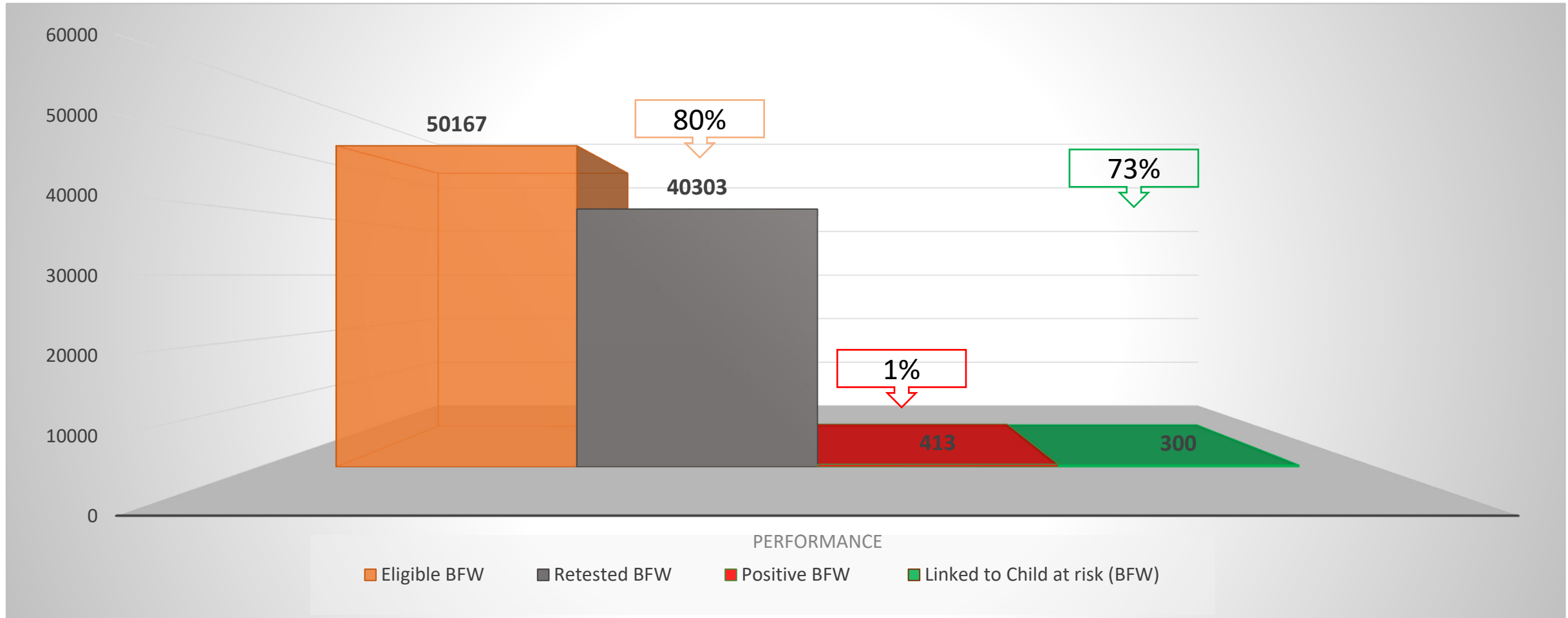


- Implementation of retesting project from March to November 2019
- 10 high volume health facilities (HF) in Nampula capital, periurban and rural areas selected for project implementation
- Human resources:
 - Recruited 2 MCH nurse mentors, 1 data officer
 - 2 lay counselors and 1 mentor mother at EPI sector in each HF
- Focus on retesting for all eligible pregnant and breastfeeding women at ANC, maternity, postpartum, family planning and immunization services

Retrospective cohort data collection: Testing at 1st ANC visit from Jan to Aug 2019 and retesting April to Nov 2019

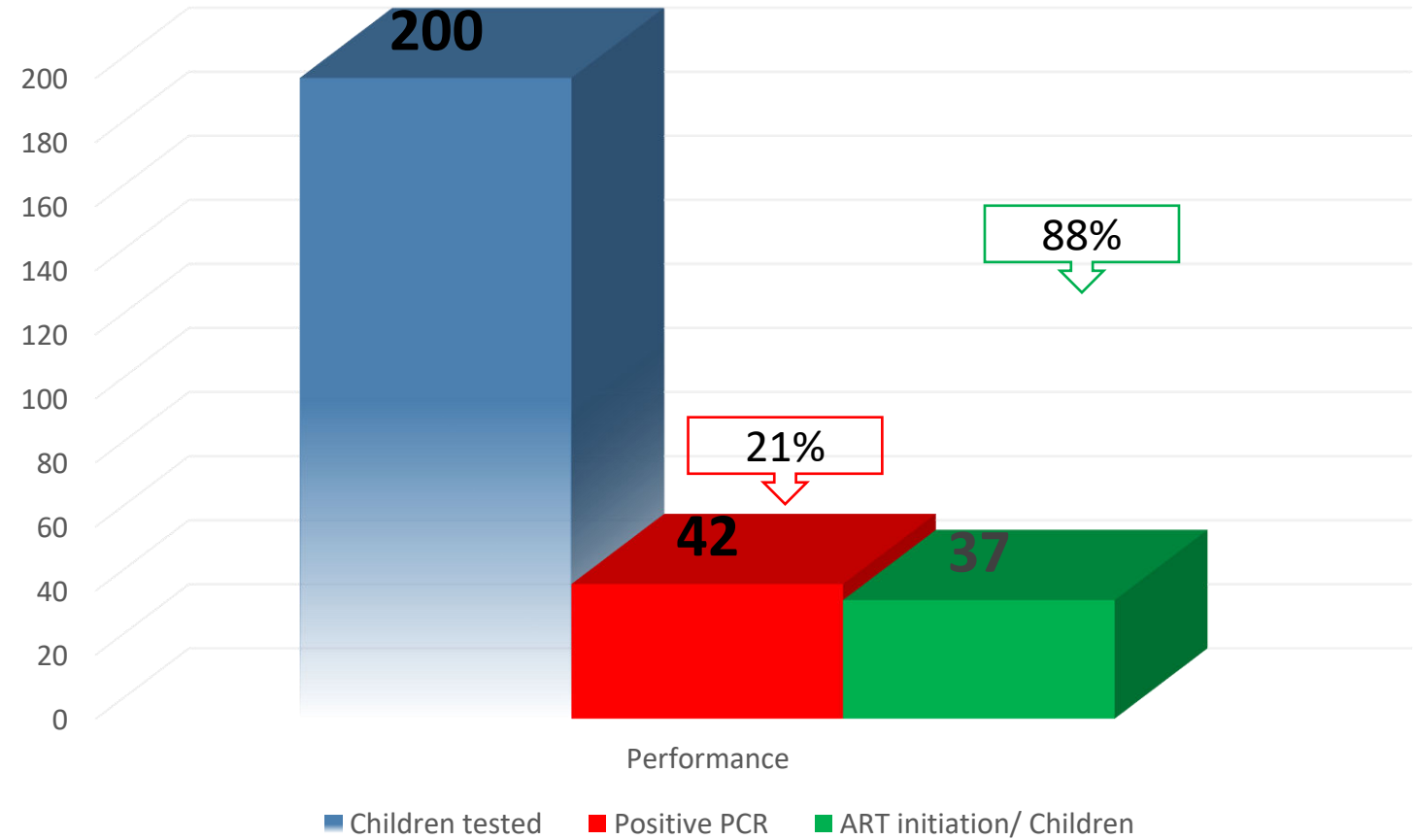
HF	# 1st ANC, HIV serostate unknown (Jan-August 2019)	# PW tested in 1st ANC (Jan- August 2019)	# PW tested HIV negative, Jan to August 2019	# (%) PW who returned for the 4th ANC (April - November 2019)	# (%) PW that returned to 4th ANC and that were retested for HIV (April to November 2019)	# (%) PW retested and had HIV positive results (ANC, April to November 2019)
1o Maio	2665	2654	2497	594 (24%)	592 (100%)	6 (1,0%)
Muhala Expansão	3747	3746	3514	1199 (34%)	1077 (90%)	1 (0,1%)
25 de Setembro	4094	4094	3887	1245 (32%)	1160 (93%)	4 (0,3%)
Psiquátrico	3041	3032	2869	2163 (75%)	1855 (86%)	3 (0,2%)
Murupula	2561	2561	2466	528 (21%)	374 (71%)	5 (1,3%)
Namialo	2466	2466	2338	1377 (59%)	1213 (88%)	5 (0,4%)
CS Urbano	2760	2742	2553	944 (37%)	782 (83%)	6 (0,8%)
CS Nacaroa	2479	2479	2417	1691 (70%)	1620 (96%)	1 (0,1%)
CS Alua	3324	3300	3154	537 (17%)	366 (68%)	3 (0,8%)
CS Namapa	2345	2344	2229	787 (35%)	646 (82%)	1 (0,2%)
Total	29482	29418	27924	11065 (40%)	9685 (88%)	39 (0,4%)

General review of retesting data at EPI 10 HF, Jan-November 2019



Linkages from EPI to child-at-risk services 10 HF, Jan-November 2019

Children linked to Child-at-risk	TOTAL
Children tested	200
Positive PCR	42
% positive PCR	21%
ART initiation/ Children	37
% ART initiation	88%



Main challenges

- There are multiple challenges to implement national retesting guidelines, including: late arrival at ANC, poor retention among PW and poor adherence to national guidelines.
- Low retention at ANC (46% of PW return after 4 months of enrollment) impacts the capacity for retesting at ANC.
- In addition, ANC retesting coverage is low among women that do return after 4 months of enrollment (75%, varying between 30 and 91%).
- Low linkage to ART among women identified at the immunization sector: lay counselors and mentor mothers identified many BFW who had previously tested positive, fell out of care and decline reintegration.

Lessons learned from retesting project

- Implementing national retesting guidelines requires strategic deployment of staff and infrastructural support at key entry points
- While testing of BFW had low yield at EPI, among HIV+ mothers identified, 21% of infants tested positive, highlighting benefit of retesting
- Targeted individualized support is required for women testing positive at the immunization visits to strengthen linkage, adherence and retention for mother-baby pair

Causes	Q1FY21		Q2FY21	
	# of positive EI	Contribution to positive cases	# of positive EI	Contribution to positive cases
Identified at Well Child/EPI program	30	21%	21	17%
Pediatric triage	6	4%	7	6%
Proceeding from non supported HF	17	12%	15	12%
Pediatric ward (mothers refused ART)	5	3%	5	4%
Mother abandoned treatment	24	17%	27	22%
Late arrival at 1st ANC visit	35	25%	30	24%
Mother non adherent (VL >1000)	26	18%	19	15%
Total	143		124	

Missed opportunities identified through routine retrospective ⁹PCR

What's next? Considerations for other country programs considering implementation of retesting

- Retrospective data review and analysis of missed opportunities within ANC is essential to implement interventions targeted to HF and/or sub-population.
- Targeted efforts at all HF are necessary to standardize retesting of BFW and avoid missing opportunities to screen and test or retest at EPI, including mothers who deliver in the community or did not access ANC
- Individualized prevention interventions are necessary for women testing HIV positive during BF to strengthen linkage and/or reintegration into HIV care and treatment services
- In follow-up to the retesting project in Nampula, MoH is updating guidelines for retesting, as well as targeted tools for monitoring retesting among PBFW to further operationalize guidelines nationally



OBRIGADO!
